

County Borough



of Blackburn.

ANNUAL REPORT

UPON THE

Health of Blackburn

AND

ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1952.

BY

V. T. THIERENS, M.B., Ch.B. (L'pool), D.P.H. (Cambridge)

MEDICAL OFFICER OF HEALTH,

SCHOOL MEDICAL OFFICER.

BLACKBURN.

THOMAS BRIGGS (BLACKBURN) LTD., 73 NORTHGATE.

Health Committee.

THE MAYOR

(MR. ALDERMAN J. SHORROCK, J.P.)

ALDERMEN :

BEARDSWORTH, J.P.

CRITCHLEY, J.P.

COUNCILLORS :

SHWORTH

BEST

BOLTON
(VICE-CHAIRMAN)

ROGDEN

LOMAX

McNAMEE

EARSON

WHITEHEAD, J.P.
(CHAIRMAN)

WILKINSON

Co-OPTED MEMBERS :

AKERS, H., Mrs.

SOUTHWORTH, H., M.D., CH.B.

MATHERS-SMETHURST, A. Mrs. STEPHENSON, R.

O'DRISCOLL, D., M.B., CH.B.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer of Health and School Medical Officer :

V. T. THIERENS, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer :

J. Q. MOUNTAIN, B.Sc., M.D., D.P.H.

Assistant Medical Officers, (Part-time) :

M. M. THIERENS, M.B., Ch.B.

E. CARTER, M.B., D.P.H.

C. Y. HOWARTH, M.B., Ch.B.

ROSA M. GALLOWAY, M.B., Ch.B. (to May. 1952)

EILEEN PARKINSON, M.R.C.S., L.R.C.P.

MARGARET C. WATKINSON, M.B., B.S.

Part-time Consultant Medical Officers :

A. L. McADAM, M.D., (Cardiology).

G. BARKER CHARNOCK, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H.

(Chest Physician—Retired, April. 1952).

L. A. LEDINGHAM, M.B., Ch.B., M.R.C.O.G. (Obstetrics and Gynaecology).

E. J. MITCHELL, M.B., Ch.B., D.O. (Ophthalmology).

L. READ, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (Venereology).

R. WARD, M.D., M.R.C.P. (Chest Physician—from July, 1952).

J. M. WISHART, F.R.C.S., M.B., Ch.B. (Oto-Rhinology).

Dental Officers :

H. YATES, L.D.S., Senior Dental Surgeon.

J. RIGBY, L.D.S.

J. GREGSON, B.D.S.

Chief Sanitary Inspector : abedF. B. ADDY.

*Superintendent Health Visitor : *†M. SUDWORTH, (Retired, Nov. 1952).*

Non-Medical Supervisor of Midwives and Superintendent District Nurse :

*†§||Mrs. M. H. THOMASON.

Superintendent Matron, Day Nurseries :

*†‡aMiss L. M. BROWN.

Chief Clerk : aT. HODSON.

Sanitary Inspectorial Staff :

Deputy Chief Sanitary Inspector : *ab*F. SAUNDERS ; Sampling Officer : *abe*T. G. MARSDEN ; Senior Meat Inspector : *ab*C. AINSWORTH ; Assistant Meat Inspector : *ab*J. HANDBY ; Factories Inspector : *a*J. PYE (from 1/8/52) ; Housing Inspector : *a*F. FORREST ; District Inspectors : *abd*C. SUTTON, *a*N. MORRIS, *a*J. H. TURNER, *ab*G. F. HOBSON, *a*A. D. MELDRUM (to 30/10/52), *a*J. K. BLAKELEY (from 1/8/52).

Pupil Sanitary Inspector : R. FARRINGTON (from 1/8/52).

Health Visitor/School Nurses :

*†‡Miss M. JONES	*†‡§Miss D. DARBYSHIRE	*†‡§Miss F. WRIGLEY
*†‡¶Mrs. G. TRIPYEAR (to 30/9/52)	*†‡§Miss E. METCALFE (to 31/7/52)	*†‡§Miss V. E. GILL *‡Mrs. M. RUSHWORTH
*‡Mrs. I. PRESCOTT (to 5/1/52).	*†‡§Mrs. G. A. WHITESIDE	*†‡Mrs. B. WETHERELL
*†‡§Miss M. DUXBURY (from 1/1/52).	*†‡§Miss M. LONGWORTH	*†‡Miss M. WILSON (from 1/9/52)
	*†‡Mrs M. CUTLER (from 20/10/52)	

School Nurses : *‡Miss A. MORAN ; *Miss L. KELLY.

Clinic Nurses : *†§Mrs. A. TAYLOR

Tuberculosis Nurse : *†‡Miss A. M. THOMPSON (Part-time).

Midwives and Home Nurses :

Assistant, *†‡Miss J. ATKINSON	2nd Assistant, *†‡Miss A. O'CONNELL
*†‡Miss I. BOSWELL	*†§Miss M. CAINE
*Miss D. BIELBY	*†§Miss D. M. CLARKE
*†§Miss J. CUNNINGHAM	*§Miss O. EVANS
*Miss Y. M. FLYNN	*†§Miss V. GEELAN
*†§Miss M. GREGSON	†Miss M. A. HARGREAVES
*§Miss H. HARRISON	*†§Mrs. M. HODGSON
*†§Miss K. HOYLE	*§Miss D. HUGHES
*†§Miss A. LEES	*†§Mrs. M. T. LIVESEY
*†§Mrs. E. MARSHALL	*†Miss H. MATTHEWS
*†§Miss D. MILNER	*†§Miss M. MORGAN ;
†§Mrs. E. MCKAY	*†§Mrs. A. PARKINSON
*†§Mrs. E. PRESTON	*†Miss E. J. PRINGLE
Mrs. E. TAYLOR	*†§Miss M. THEXTON
†§Mrs. E. M. WARD	*†§Miss M. WARING
†§Mrs. M. YOUNG	*†Mrs. M. EVANS (Part-time)
Mrs. E. HOUGHTON (Part-time)	*†§Mrs. F. CLARKE (Part-time)
§Mr. S. G. WADDINGTON	*Mr. J. S. ROBINSON
§Mr. J. W. WARD	*Mr. L. J. DYSON

Clerical Staff :

Senior Accounts Clerk, *a*J. R. MARSDEN ; Senior Clerks, F. G. LONGLEY, Miss C. HAWORTH, Miss E. COMBERBACH, Miss M. DARBYSHIRE ; Clerks, D. A. CARTER, G. SHAW, R. FARRINGTON (to 1/8/52), M. D. COWELL (Temp. to 28/2/51 O.H.M.S.), R. RILEY (Temp. to 14/5/51 O.H.M.S.), D. SMITH (Temp. from 14/1/52), F. BRYNING (from 20/10/52), Mrs. L. Oldcorn (to July, 1952), Miss D. LEAVER, Miss A. M. McARTHUR, Miss M. J. PUGH, Miss J. LAZENBY, Miss W. WALMSLEY, Miss M. DOBSON, Miss M. CAUNCE, Miss M. WATSON, Miss D. WESTWELL, Miss M. HEALD (from 20/10/52).

Mental Health Staff :

Duly Authorised Officers, W. DEWHURST and F. BROADLEY ; Mental Health Worker, Mrs. M. LAWSON ; Clerk/Authorised Officer, J. J. BAMBER ; Supervisor Occupation Centre, *k*Miss E. M. KNOTT ; Assistant Supervisor, Occupation Centre, Mrs. P. STEWART, L.R.A.M. ; Trainee Assistant Supervisor, Miss E. HOLDEN ; Miss B. A. BOLTON (from 8/9/52) ; Home Teacher, *j*Miss L. KILSHAW

Physiotherapists :

Mrs. M. KEMPTON, C.S.P. Mrs. G. IBBOTSON, C.S.P. (Part-time from 31/12/52)

Orthoptist :

Miss J. CHEATLE, D.B.O. (from 14/1/52).

Home Help Organiser : Miss E. BINKS.

Diphtheria Immunisation and Vaccination Organiser :

Miss E. DOIDGE

Day Nursery Matrons :

St. Alban's Place : *h*Miss J. WILSON
 Holden House : *f*Miss J. HAWORTH
 Intack : *h*Miss E. HOWARTH (Acting Sister-in-charge)
 Church Hill House : *Mrs. M. POWELL (from July, 1952)
 Albion Street : *h*Mrs. B. NAWROCKI
 Stancliffe Street : *Mrs. B. REID
 Lincoln Street : *gh*Mrs. M. ATAMANIUK.

Ambulance Station Officer :

F. BANNISTER

Dental Attendants :

MISS M. TOTTY (Senior Attendant) ; Miss L. E. WALSH ; Mrs. D. WALSH.

Clinic Attendants :

Mrs. U. TREEN

Miss S. KEMPTON (to 30/11/52)

Public Analyst (Part-time) :

J. F. CLARK, M.Sc., F.R.I.C.

Key to Qualifications :

- | | |
|--|---|
| * State Registered Nurse. | d Certificate in Sanitary Science as applied to Buildings & Public Works. |
| † State Certified Midwife. | e Certificate of the Institute of Public Health and Hygiene. |
| ‡ Health Visitor's Certificate of the Royal Sanitary Institute. | f State Registered Sick Children's Nurse. |
| § Queen's Nurse. | g State Enrolled Assistant Nurse. |
| ¶ Midwifery Teacher's Diploma. | h Nursery Nurse. |
| a Certificate of Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board. | j Certificate of the Royal Medico-Psychological Association. |
| b Certificate in Meat and Other Foods. | k Diploma of Mental Health Occupation Centre Staffs. |
| c Smoke Inspector's Certificate. | |

PUBLIC HEALTH OFFICE,

BLACKBURN.

August, 1953.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

Herewith my Report upon the Health of the Borough for 1952. Its form is somewhat different as National Health Service Act matters are covered in an Appendix which you considered when it was submitted, as a Special Survey, to the Minister in February this year.

The **VITAL STATISTICS** are again satisfactory, though the birthrate (13.74) is less than that for England and Wales (15.3) and slightly below the Blackburn figure (13.85) in 1951. The death-rate (14.46) compares with one of 16.39 in 1951 and a national rate of 11.3 in 1951.

The Infantile and Maternal Mortality rates were 31.72 and 1.27 respectively, in 1951 the corresponding figures were 31.7 and 0.66.

The Tuberculosis Mortality rate (0.30) was less than in 1951 (0.40).

The estimated mid-year **POPULATION** was 109,800, that for 1951, 110,000. The fall was only negligibly influenced by the excess (76) of deaths over births and was brought about by emigration of Blackburn workers who travel daily to and from nearby dormitory areas as witness the evening trains to Southport, the Fylde and the post-business exodus to Wilpshire, Whalley and Clitheroe districts.

We had a clean bill for **DIPHTHERIA** apart from one death (that of a Blackburn resident who contracted and died from the disease at an outside Mental Hospital where he had been an in-patient for twenty-three years) statistically debited against the Borough.

Although it is common sense to secure protection, inexcusable not to, from disease, the **VACCINATION STATE** of the Borough is low, in 1952 only 778 persons being vaccinated. This need cause little concern, as one case of **SMALLPOX** brings quick demand even from those not exposed to risk. Further, and provided that the administrative machinery is in order, contacts (the main source of danger apart from actual cases) can be quickly dealt with and thus cause little trouble.

Following the recent outbreak in the West Riding those of us likely to be involved should smallpox occur here, drew up revised administrative arrangements which, if the first case is not missed, should prove effective.

Since the early 1930's smallpox in this country (if last year's Rochdale outbreak be excluded) has been imported, virulent, and less likely to lead to missed cases than was the minor type endemic in Great Britain in the 1920's and early '30's. Further safeguards are the Ministry's Consultant Panel plus reliable laboratory tests where clinical diagnosis presents difficulty. Still, in these days of rapid travel, the risks of importation from small-pox infected areas are great unless all medicals, whether in private, hospital, or public health practice, are "on their toes." This is shewn in the symposium on the 1950 outbreak of smallpox in Brighton (Journal of the Royal Sanitary Institute March, 1952) which makes good reading, and demonstrates the tragic consequences of failure to check the vaccinal state of hospital staffs.

During 1952 shortages (medical, nursing and sanitary inspectorial) prevented spectacular development but did not stop modest progress, thanks to the ungrudging and efficient service of my colleagues.

Whilst the Committee have been active in providing a wide range of services, much (of which they are well aware), remains ahead including :

- (1) Extensive clearance of decayed property.
- (2) The development of "smokeless" areas.
- (3) A survey of all offices and shops under the Shops Act. This will entail a detailed inspection of anything up to 5,000 premises and has not been undertaken due to staff shortage.
- (4) Provision of a new ambulance station.
- (5) Reduction of infantile deaths within the first month of life. (V.P. 23 of Appendix).
- (6) A closer co-ordination of Health Visiting, Domiciliary Nursing, Midwifery, Care and After-Care, the one with the other, and all with the Hospital Management Committee and appropriate voluntary agencies.

This, may perhaps be best effected by the appointment of a Superintendent Nursing Officer in overall charge of the Authority's Services under Sections 22, 23, 24, 25, 28 and 29 of the 1948 Act.

This, my **25th ANNUAL REPORT**, awakens many memories. The first is the courtesy of all members, past and present, of the Health Committee (particularly so that of the five Chairmen whom I have served), and of the Chief Officials, especially the Town Clerk who, successively as Senior Solicitor, Deputy, and in his present post, has been a good colleague since the day of my appointment and for many subsequent years my close friend.

As Blackburn had been well-served by a succession of first-rate Medical Officers, I inherited in May, 1928, a well-organised Department. The establishment was 90.

ACCOMMODATION at **VICTORIA STREET**, then ample for our needs, is now more than overstrained due to new duties imposed by statute, the provision of such additional forms of treatment as orthoptics and diphtheria prevention, and extensions to the consultant, dental and physiotherapeutic services operating within the Health Department. For every one clinic held in 1928 there are now three and, largely owing to the provision of day nurseries, ambulance service, domiciliary nursing, domestic helps, etc., the staff of the Department has almost quadrupled in the last 25 years.

Since 1928 over thirty Assistant or Deputy Medical Officers, many of whom now occupy important public health posts (and still keep in touch with what they term their "old parish"), have passed through the Department. To all my Departmental associates, past and present, medical and non-medical, I tender thanks for personal and official loyalty.

Twenty-five years have witnessed so many changes that only few can be mentioned.

The **VIRTUAL DISAPPEARANCE OF DIPHTHERIA**, in 1928 a rife and deadly disease springs vividly to mind. I recall the then urgent and frequent admissions to Park Lee Hospital at all hours (particularly so during the 1928/1929 winter) of cases "on the go" (as we then said) for days without medical treatment. Some were beyond hope, others gravely ill and many needed emergency tracheotomy, then the accepted task of Health Department medicals attached to the hospital who had learned the "job" under experienced fever clinicians in the days when diphtheria was an everyday evil with no specific means of prevention. **IMMUNISATION**, started in 1929 (since when approximately 38,000 children have been treated), has changed the picture. The disease is now rare indeed.

Since the middle of the 19th century birth and death rates have declined, and the **AGE DISTRIBUTION** of the population materially altered. For instance, in 1941 there were some 5,600,000 old people (*i.e.*, women over 60 and men over 65) in Great Britain; last year 7,000,000, a rate of increase equivalent to an estimated figure of 10,000,000 in 1971. The needs of the aged, particularly so if suffering from long-term disability, already make heavy demands upon hospital beds and Health Authority services. These calls will become gradually heavier as the population of people of working age (on whom children, old people and the Social Services largely depend) declines and as the number of aged increase.

In 1928 **OBSTETRIC FACILITIES** were fewer (and poorer) than at present. Many areas (Blackburn included) lacked consultant services, "flying squads" and blood transfusion for domiciliary emergencies; penicillin and the sulpha drugs were unknown and there was no municipal midwifery service. The use of *Anaesthesia* in child-birth was then the *exception*; last year 78 per cent. of cases attended by the Borough midwives had this relief.

Under these circumstances was it surprising that in the five year period ending 1932 the maternal mortality rate for Blackburn and England and Wales were 6.2 and 4.2 respectively? (The corresponding rates over the years 1947-1951 were 1.76 and 0.96).

The former unhappy state of affairs led to a nation-wide survey, tightening up at local level, and to the **MIDWIVES ACT 1936** which secured a sound domiciliary midwifery service, the prohibition of gainful practice as maternity nurses by unqualified persons, and the "pensioning off" of certain midwives. The Health Committee used these powers to the full.

The Committee, in combination with the County and Royal Infirmary, next appointed in 1937 a full-time **CONSULTANT OBSTETRICIAN**. Results so justified this move that closer Local Authority/Voluntary Hospital co-operation, the appointment of salaried specialists in pathology, radiology and orthopaedics and the formation of a Joint Hospitals Advisory Committee followed. This association of the Voluntary Hospital and Local Authority long before the "appointed day" played no small part in the smooth take-over in July, 1948.

Strangely enough the war, which stopped expansion generally, saw a noteworthy advance, namely, the provision of a sound **TUBERCULOSIS SCHEME**.

For many years the Committee had ^{attempted to} remedied local shortcomings by providing, *inter alia*, vocational therapy and improved recreational and ward facilities at Park Lee, by contracting out for the specialist treatment of certain types of the disease, and had attempted the provision of a joint sanatorium. None the less it became increasingly obvious that a town the size of Blackburn could have an efficient tuberculosis service only by combination with a larger Authority. How to effect this was the question?

The answer came through a chance luncheon meeting. The place was Liverpool, the year 1942, the party Dr. Lissant Cox (then Central Tuberculosis Officer to the County), Professor, now Sir, Henry Cohen, and myself. Conversation turned to hospital co-ordination and means of effecting it. What more natural then for me to refer to the Blackburn tuberculosis service and to suggest, half seriously it is true, its absorption into the County Scheme, then certainly the finest in the Country, if not in Europe? I reported Dr. Lissant Cox's interest to my then Chairman and Vice-Chairman who authorised me to "go ahead" with Dr. Cox and to draw up a scheme for submission to the Committee. Many were the difficulties to be overcome until, in mid-1944, our service was merged into that of the County. A tentative luncheon suggestion had become an accomplished fact. That this should happen in war-time when hospital beds and staffs for civilian purposes were short was due to the organising ability of Dr. Lissant Cox (a pioneer in the tuberculosis field), the quiet pertinacity of the late Alderman B. Holden (then Chairman of the Health Committee) and last, but not least to Canon Kershaw, Chairman of the County Tuberculosis Committee when official negotiations were opened, and to his successor, ex-Alderman Mannix, who was responsible for the successful outcome.

It is a matter for pride that what we thought of in 1942 and implemented in 1944 became the **National Pattern** in 1948, although the architects of the Health Service Act broke the all-essential curative and preventive link which previously existed.

Recently antibiotics have reduced tuberculosis mortality. The preventive services have done no less, but over a much longer period, by securing safe milk, contact supervision, rehousing tubercular families in need, the "building up" of delicate children, detection of suspects through the child and school health schemes, etc. Treatment of disease gets more applause than prevention. Which better deserves it?

Dr. Paul, Medical Officer of Health of Smethwick, in the Prologue to his Annual Report for 1951 gives an answer :—

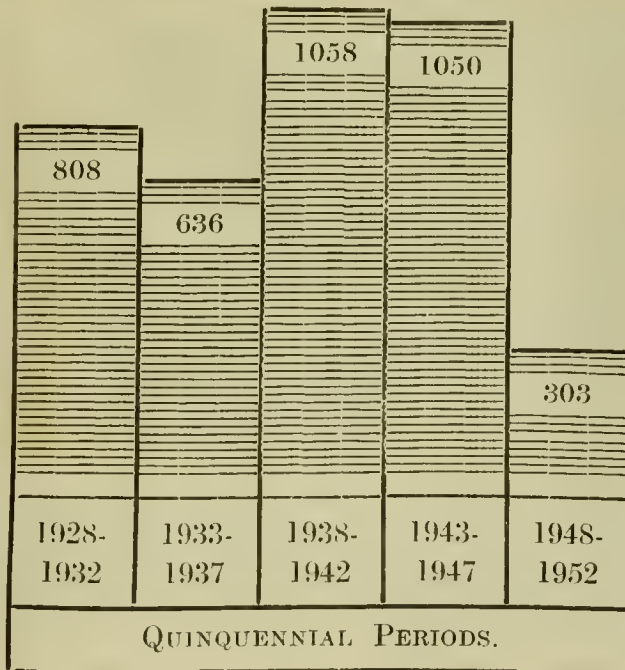
“It must be realised that other things being equal, a person who is *Prevented* from contracting tuberculosis leads a much fuller and more useful life than the tuberculosis patient who is cured by streptomycin and other modern drugs, but whose lungs have been damaged by the disease.....”

The **WAR YEARS** saw generous earnings (for some !), populations moved by evacuation or National Service calls, tension, boredom and loosened home ties—a combination favourable to **VENEREAL DISEASE**. That its incidence, though high, was no higher was due to various factors, one being Defence Regulation 33(B) (since repealed) which enabled the tracing, sometimes a Sherlock Holmes task, of disseminators, done in Blackburn by an informal “ Secret Service Section ” of the Health Department. Often they had only such scanty clues as a frequently changed pseudonym, a male description of a “ new look ” coiffure or couture, or the place of encounter as given by someone, blackout—bemused or, (more cheerfully) befogged, and newly arrived in town. Still, they rarely failed and passed on to me “ intelligence ” sometimes of a nature which strained their, and even my, gravity.

The change in the numbers (tabulated diagrammatically below) of new cases of Venereal disease attending the Royal Infirmary Clinic in each of the quinquennia since 1928 is interesting.

NEW CASES ATTENDING ROYAL INFIRMARY CLINIC.

Number of Cases.



New cases treated at the Royal Infirmary proved to be fewer than we feared, being for 1945, 273 ; 1939, 274 ; 1940, 210 ; 1941, 195 ; 1942, 234 ; 1943, 251 ; 1944, 205. The war-time figures give an optimistic picture of actual incidence, as service personnel infected in the Borough would be treated elsewhere, their particulars not being available for our statistical purposes. I am told of one service hospital with a unit of some 40 beds for gonorrhoea which, despite a "turn-over" of 48 hours in 1944/45 was generally full. If its experience was that of Service Venereal Diseases Units in general, they must have been well supported and the disease incidence high indeed.

The 1947 incidence (142 new cases) fell to 1938 level. In the last five years it has so fallen that the venereal diseases have become less of a social and economic menace than they once were. None the less, over the country as a whole the post-war fall in the incidence of gonorrhoea ended in 1951 and the number of cases rose considerably during 1952.

A disturbing feature of Blackburn death returns over the last ten years is a five-fold increase in mortality attributed to **CORONARY THROMBOSIS AND OCCLUSION**. Part of this, though it can only be small, may be due to faulty certification. Much of it is actual. Various theories, including those of stress and strain, and altered metabolism, have been advanced to account for world-wide increase of a condition which, as yet, is of obscure origin.

Until 1949, the **CONTROL OF MILK PRODUCTION**, previously a Local Authority responsibility, fell to the Ministry of Agriculture under the Food and Drugs (Milk & Dairies) Act, 1944, to ".....introduce a more satisfactory and rational system of inspection covering all the herds of the country....." and to ".....provide for the first time a uniform basis of inspection of dairy herds throughout the country and bring the State veterinary officers into regular contact with those farmers (owning "non-designated" herds) who most need their advice." When the Health Committee were responsible, each dairy farm in the Borough was visited on average four times each year. Those deserving better "service" received it, not always appreciatively ! I wonder what the present visitation rate is ?

FOOD POISONING became **Compulsorily Notifiable** in the Borough under a Local Act of 1929. Subsequent notifications emphasized the need, of which we were already aware, of close supervision of trades concerned in food-processing and handling. Ordinarily this supervision is done by the

District Inspectors as part of their routine work. As it was felt that this method might not give a clear picture, in 1951 a **Systematic Survey** was begun, of some 3,000 premises in the Borough; this survey still continues. At date the task is half completed and the findings have enabled us to fix uniform standards of requirements and to effect, in agreement with the traders concerned, many improvements.

The Health Department does much to secure a safe and wholesome food supply. The general public could do as much by refusing to accept carelessly handled or badly wrapped foodstuff and voicing objection to the offender.

THE HOUSING ACT, 1935, required a preliminary enumeration return of every house in the Borough and a subsequent detailed inspection of some 1,600 houses where the enumeration gave evidence of **Overcrowding**. **1.09 per cent.** of houses were found to be so. As all habitable (*i.e.*, living or sleeping) rooms count as being available for actual sleeping purposes, the figure falls short of actual family congestion.

Long before the **NATIONAL HEALTH SERVICE ACT** became law, the **Hospital** system called out for **Reorganization**. In few areas only had serious attempt been made to correlate the activities of neighbouring hospitals and cut out duplication. Consequently we saw small voluntary hospitals attempting services (sometimes beyond their competence) already well provided by a neighbour. Further, there was little co-operation between the old "Poor Law" Hospital and its voluntary companion.

Local Authorities were by no means faultless, as witness the many small fever hospitals with no resident medical, the local smallpox "dump" (forgive the word!) and uneconomic maternity units.

The **Local Government Act, 1929**, enabled improvements to the transferred "Poor Law" establishments, but did nothing to associate the transferred and voluntary hospitals. Section 13 of the Act required the Authority to obtain the blessing of the local voluntary hospitals to any proposed development, but not *vice-versa*, an arrangement which in some areas (happily not here) may well have put back the co-ordination clock.

Ways and means of effecting obviously overdue reform were first explored in the **Sankey Commission** of 1935 which recommended the formation of **Hospital Regions**. Later **Lord Nuffield** endowed a **Trust** to encourage the formation of **Hospital Councils** through which grants could be made to constituent hospitals.

It was not, however, until 1948 that reform was effected by transferring **Hospitals** (except such of them as had close religious or political affiliations) and certain of the **Local Authority Clinics**, to the Minister and their Regionalisation.

As compensation for their lost clinics and hospitals the major Authorities received new or extended powers covering, *inter alia*, maternity and child welfare, domiciliary nursing and midwifery, the ambulance service, the provision of domestic helps, mental health and, most important of all, "Care and After-Care," under Section 28 of the Act, matters discussed in the Appendix to this Report.

These powers have, of necessity, entailed increased expenditure and, as some of the services hitherto chargeable are now free, a fall in departmental income. In fact, since 1928 Departmental expenditure has trebled, due largely to additional duties statutorily imposed, and the much heavier costs of commodities, labour and professional and technical services. Gross expenditure in 1928 was £41,475, in 1952 £137,402.

Is this expenditure worth while ?

The answer lies in the attached graphs. With one exception (namely, the death-rate of infants under one month) all rates show a marked improvement over the 1928 figures and even the increased neo-natal rate is insignificant and not of statistical moment. Improved hospital and specialist facilities, advances in medical art and surgical craft, the discovery of such drugs as insulin and penicillin, the employment of sera, the application of radium and X-ray to hitherto hopeless conditions, have one or all played a large part in the prevention of death and suffering during the last half century. No less important are the achievements of the Public Health Service.

Let us go back 70 years and compare Blackburn conditions then and now. We read in the Annual Report for 1882 of an infantile mortality rate of 205 (much of this, no doubt, due to gastro-enteritis), of 50 deaths from enteric and 140 from diarrhoea and dysentery, the three latter essentially "filth diseases," propagated by excretally infected material. I can find no record of sanitary arrangements in 1882 which could, however, have been no better than in 1887 when it was reported that 576,108 excreta tubs were emptied, 1,292 loads of saleable nightsoil removed and 9,372 ashpits suitably cleansed. These figures give some idea of the then primitive arrangements and explain the heavy toll of gastro-intestinal infections.

COMPARATIVE TABLES OF CERTAIN STATISTICS during the years 1928, 1938, 1948 and 1952.

INFANT MORTALITY

(per 1,000 Live Births)

1928	1938	1948	1952
80.3	67.0	36.8	31.7
0.82	0.83	0.51	0.30
3.46	2.88	2.2	0.66

DIPHTHERIA—

Cases Notified

1928	1938	1948	1952
124	172	NIL	NIL
13	10	NIL	1*

DIPHTHERIA—

Deaths

DEATHS OF INFANTS

UNDER ONE MONTH

(per 1,000 live births)

1928	1938	1948	1952
43.9	39.6	23.0	25.1
4.42	5.47	2.13	1.3

MATERNAL MORTALITY

(per 1,000 Births and Stillbirths)

TUBERCULOSIS MORTALITY

(per 1,000 Total Deaths)

DEATH RATE FROM ENTERITIS

AND DIARRHŒA

(per 1,000 Births)

*See Text (p. 8)

In 1882 there were 37 deaths (all probably diphtheritic) from "croup" and 193 from "consumption" a figure far short of the mark as many of the 597 deaths that year ascribed to "Bronchitis, Inflammation of the Lungs and Pleurisy" must have been due to undiagnosed tubercle.

We have gone far since those days but much lies ahead in the field of preventive medicine. Though overshadowed by emphasis on "cure" in the National Health Service Act it has long held its own and will continue to do so in the sphere of social well-being.

Again I acknowledge the help of the Chairman and Vice-Chairman who have appreciated our difficulties and helped in their solution.

In conclusion, I thank the members of the staff for their willing and efficient co-operation.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. T. THIERENS.

Medical Officer of Health.



PART I.

Vital Statistics.

VITAL STATISTICS

								1952
Area (in Acres)	...	...	...	...	...	...	...	8080
Population (Census, 1951)	...	...	...	...	...	...	...	111,217
„ (Estimated middle of 1952)	...	...	...	...	...	...	...	109,800
Number of Inhabited Houses (1931)	...	...	...	...	...	...	...	32,696
Number of Families or Separate Oecupiers (1931)	...	...	...	...	...	...	...	33,815
Rateable Value	...	...	...	...	...	...	...	£761,865
Sum Represented by a Penny Rate...	...	...	...	...	...	...	...	£3,042
Rate in the £ (exclusing Water) 1951-1952	...	...	...	...	...	...	...	†21s. 6d.
Gross expenditure on Health Services to 31st March, 1952 :								
Health Services 1946 Act Account	...	...	...	...	...	...	...	£122,584
do. General Account	...	...	...	...	...	...	...	£14,818
								£137,402
Income on Health Services to 31st March, 1952, including Government Grant and exclusing Rate Aid :								
Health Services 1946 Act Account	...	...	...	...	...	...	...	£69,388
do. General Account	...	...	...	...	...	...	...	1,214
								£70,602
Net Expenditure on Health Services to 31st March, 1952 :								
Health Services 1946 Act Account	...	...	...	...	...	...	...	£53,196
do. General Account	...	...	...	...	...	...	...	£13,604
								£66,800
Live Births	{ Legitimate	...	1446	} M. 765	} F. 748	Birth Rate	...	13.78
	{ Illegitimate	...	67					
Total ... 1513								
Number of women dying in, or in consequence of, child-birth, from—								
Sepsis	...	...	0	{ 1.27	}	per 1,000 births & stillbirths		
Other Causes	...	...	2					
Still Births	...	...	...	...	...	...	...	51
Rate per 1,000 total births	...	...	...	...	...	...	...	32.6
Deaths	...	...	{ M. 802	} 1589	}	Death Rate	...	14.47
			{ F. 787					

Percentage of total deaths occurring in public institutions ... 34·36

Deaths of infants under one year of age per 1,000 live births :—

Legitimate	32·5
Illegitimate	13·11
All Infants	31·72

Death rate from Measles (all ages)	Nil.
„ Whooping Cough (all ages)	Nil.
„ Diarrhoea (under two years of age)	0·66
(Per 1,000 births).	
„ Cancer (all ages)	2·32

The **Births** registered were 1,513, of which 67 were illegitimate. The total male births were 765, and female 748. The birth rate was 13·78 per 1,000, compared with 15·3 for England and Wales, and 16·9 for the 160 great towns.

Deaths. The total number of deaths registered was 1,589, of which 802 were males and 787 were females. The death rate was 14·47 per 1,000, compared with 11·3 for England and Wales and 12·1 for the 160 great towns.

CAUSES OF DEATH.

During 1952 the chief causes of death were :—

<i>Disease</i>	<i>No. of Deaths</i>	<i>Deaths per 1,000</i>
Organic Heart Disease	228	2·07
Pneumonia	80	0·73
Cancer	255	2·32
Bronchitis	103	0·64
Vascular Lesions of Nervous System ...	205	1·87

Diseases of bodily systems and group diseases to which death was assigned are as follows :—

<i>Disease</i>	<i>No. of Deaths</i>	<i>Deaths per 1,000</i>
Respiratory System (Non-Tubercular) ...	198	1·80
Circulatory System	391	3·56
Nervous System (Non-Tubercular) ...	205	1·87
Cancer	255	2·32
Tuberculosis (all forms)	33	0·30
Renal System (Non-Tubercular) ...	43	0·39
Infectious Diseases	10	0·09
Digestive Diseases	14	0·13

TABLE 1.

DEATHS REGISTERED DURING THE CALENDAR YEAR, 1952 :

CAUSES OF DEATHS	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE BOROUGH																Total all Ages
	Under 1 year		1-5 years		5-15 years		15-25 years		25-45 years		45-65 years		65-75 years		Over 75 yrs		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis, Respiratory	...	...	...	...	...	...	2	...	6	2	11	...	5	1	...	...	27
2. " Other	...	...	...	1	1	...	...	1	1	1	...	...	...	...	...	1	6
3. Syphilitic Disease	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
5. Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
7. Acute Poliomyelitis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
8. Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Other Infective and Parasitic Diseases	1	...	...	...	1	...	...	...	1	1	2	...	...	...	...	1	7
10. Malignant Neoplasm —Stomach	...	...	...	...	...	...	...	...	2	...	15	10	10	9	3	1	50
11. do. —Lung : Bronchus	...	...	...	...	...	...	...	...	1	...	15	5	10	1	2	1	35
12. do. —Breast	...	...	...	...	...	...	...	...	1	...	6	...	4	...	3	...	14
13. do. —Uterus	...	...	...	...	...	...	...	...	1	...	4	...	4	...	6	...	15
14. Other Malignant and Lymphatic Neoplasms	...	...	...	2	...	1	1	...	3	6	32	22	24	18	16	16	141
15. Leukaemia, Aleukaemia	...	...	...	...	...	1	1	1	...	...	1	...	3	1	...	...	8
16. Diabetes	...	...	...	...	...	...	...	...	...	...	1	...	2	4	...	5	12
17. Vascular Lesions of Nervous System	...	...	...	...	...	...	...	1	3	3	12	20	33	47	38	48	205
18. Coronary Disease, Angina	...	...	...	...	...	...	...	...	3	1	48	9	46	37	19	30	193
19. Hypertension, with Heart Disease	...	...	...	...	...	...	...	...	...	...	5	4	4	9	5	8	35
20. Other Heart Disease	...	...	...	...	...	...	1	...	3	4	19	22	38	47	69	95	298
21. Other Circulatory Disease	...	...	...	...	...	...	...	...	1	...	4	4	17	14	23	30	93
22. Influenza	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	2	6
23. Pneumonia	4	2	...	1	...	...	1	...	2	1	12	7	10	13	13	14	80
24. Bronchitis	1	...	...	...	...	...	...	...	1	1	23	5	24	16	12	20	103
25. Other Diseases of Respiratory System	...	...	...	...	...	...	...	...	1	1	3	3	...	...	1	...	9
26. Ulcer of Stomach and Duodenum	...	...	...	...	...	...	...	...	...	...	2	2	2	2	1	2	11
27. Gastritis, Enteritis and Diarrhoea	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	3
28. Nephritis and Nephrosis	...	...	...	...	...	...	2	1	...	...	3	2	3	7	5	5	28
29. Hyperplasia of Prostate	...	...	...	...	...	...	...	...	...	...	1	...	4	...	10	...	15
30. Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	3
31. Congenital Malformations	5	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	7
32. Other Defined and Ill Defined Diseases	19	12	...	...	...	1	2	...	6	7	8	18	4	15	15	23	130
33. Motor Vehicle Accidents	...	...	...	...	1	...	2	...	1	...	1	1	1	1	2	1	11
34. All Other Accidents	1	...	...	...	...	...	...	...	1	1	1	2	3	...	3	9	21
35. Suicide	...	...	...	...	...	...	1	...	1	...	5	7	1	1	2	...	18
36. Homicide and Operations of War	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
	32	16	1	4	3	3	13	5	38	33	228	153	247	252	240	321	1581

TOTAL DEATHS IN INSTITUTIONS IN THE DISTRICT OF	RESIDENTS	546
	OF THE BOROUGH	
	NON-RESIDENTS	410

Puerperal Pyrexia. Fifty-two Borough cases were notified during the year, none of which terminated fatally.

Notification of Births.

			<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>			
Doctors	—	...	—		
Midwives	888	...	18	...	906
Parents and others	1006	...	55	...	1061
TOTALS			...	1894	...	73	...	1967

Still Births. The number of still births registered during the year and allocated to the Borough was 46.

The appended Table gives particulars as to the possible and probable causes of Blackburn still births :—

<i>Cause.</i>	<i>No. of Still Births</i>					
1. Maternal States—						
(a) Accidental Haemorrhage	4
(b) Rh. Factor	1
(c) Placenta Praevia	1
(d) Toxaemia of Pregnancy	6
(e) Breech delivery	3
(f) Ante Partum Haemorrhage	2
2. Foetal States—						
(a) Anencephalic	9
(b) Spina Bifida	2
(c) Hydrocephalus	5
(d) Cord round neck	2
(e) Intra uterine inspiration	1
(f) Tentorial Tear	2
3. Prematurity—2nd twin						
4. Born before arrival of Midwife	1
5. Unascertained						
...	6
<hr/>						
46						

Maternal Mortality. There were two maternal deaths during the year, either of which were avoidable.

Neo-Natal Deaths. During the year thirty-eight infants died within one month of birth. Four of the deaths were ascribed to foetal states, twenty-four to prematurity, and the remaining ten cases to post-natal causes.

Premature Births. One hundred and twenty-five premature infants were born during 1952 to mothers whose homes are in the borough. One hundred and one were alive at the end of the year.

CAUSES OF PREMATUREITY :

Twin Pregnancy	10
General Debility of mother	8
Ante-Partum Haemorrhage	4
Rh. negative with antibodies	1
Toxaemia of mother	8
Caesarean Section	1
Others	5
Not known	88

Arrangements for the domiciliary care of premature infants are covered in the Appendix to this Report.

Infantile Mortality. During the year there were forty-eight deaths, equivalent to an infantile mortality rate of 31.72 per 1,000 live births registered, compared with 34.13 in 1950, and 31.7 in 1951.

Of the deaths registered forty-seven were of legitimate and one of illegitimate children. The rate of infantile mortality amongst legitimate infants was 32.5 per 1,000 legitimate births registered, and amongst illegitimate children 13.11 per 1,000 illegitimate births registered.

Of the deaths certified, thirty-eight, or 83.6 per cent. occurred within the first month of life. The more important causes of these deaths were as follows :

<i>Cause</i>	<i>Number of Deaths</i>
Premature Birth	24
Congenital defect	5
Pneumonia	2

Ophthalmia Neonatorum. Three cases, all institutional births, were notified during the year.

PART II.

Sanitary Circumstances.

(Report of the Chief Sanitary Inspector,
Mr. F. B. ADDY).

HOUSING.

(a) GENERAL.

Houses built during 1952 :

(i) By Corporation	...	...	...	...	...	235
(ii) By private enterprise	...	...	...	...	...	26
TOTAL						261

(b) STATISTICS :

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)...	...	...	...	...	775
(b) Number of inspections made for the purpose	...	...	...	...	7560
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	31
(b) Number of inspections made for the purpose	...	...	...	...	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	7
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation...	...	...	...	...	740

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	596
---	-----	-----	-----	-----	-----

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A. *Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	20
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—						
(a) By owners	...	...	...	...	...	28
(b) By local authority in default of owners	..	...	..	...	..	5

B. *Proceedings Under Public Health Acts*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	252
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—						
(a) By owners	..	...	..	...	..	226
(b) By local authority in default of owners	..	..	...	...	..	2

C. Proceedings Under sections 11 and 13 of the Housing Act, 1936

(1) Number of dwelling-houses in respect of which demolition orders were made	...	...	...	...	...	...	...	2
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	...	...	...	...	—
(3) Undertaking accepted not to relet	...	...	...	...	...	...	...	6
(4) One dwelling-house demolished voluntarily	...	...	...	...	...	...	...	1

D. Proceedings Under section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made...	...	...	...	...	...	...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	...	...	...	—

The Testing of Drains.

No. of Drains Tested	..	..	..	..	..	..	541
No. of Drains Opened	..	..	..	..	..	..	100
No. of Defects found	..	..	..	..	..	..	335
No. of Informal Notices Served	..	..	..	..	..	..	293
No. of Formal Notices Served	..	..	..	..	..	..	30
No. of Defects Remedied	..	..	..	..	..	..	323
No. of choked drains released	...	...	...	...	...	...	4

Sanitary Inspection of the Area.

During the year, a total of 15,375 visits and inspections were made by the Sanitary Inspectors.

No. of complaints received	...	...	...	...	...	...	1164
Total number of Defects found	...	...	...	...	...	...	3508
No. of Notices served	..	...	...	...	...	...	1013
No. of Notices complied with	..	...	...	...	...	...	824

Particulars of sanitary improvements made and defects remedied under their supervision are contained in the following Table :—

TABLE 2.

Absence of Cooking Accommodation	...	...	...	...	9
„ Damp-proof Course	...	...	...	...	93
„ Handrail	...	...	...	...	16
„ Washing Accommodation	...	...	...	...	5
Accumulations of Refuse	...	...	...	...	14
Animals Kept as Nuisance	...	...	...	...	1
Defective Ashbins or Ashpits	...	...	...	...	1
„ Chimney Flues	...	...	...	...	38
„ Chimney Stacks	...	...	...	...	216
„ Cisterns	...	...	...	...	20
„ Dishstones	...	...	...	...	4
„ Doors	...	...	...	...	164
„ Eavesgutters	...	...	...	...	371
„ Floors	...	...	...	...	82
„ Fireplaces	...	...	...	...	106
„ Gas Pipes and Fittings	...	...	...	...	13
„ Gullies	...	...	...	...	35
„ Outbuildings	...	...	...	...	109
„ Plaster, Walls and Ceilings	...	...	...	...	551
„ Pointing	...	...	...	...	308
„ Rainwater Pipes	...	...	...	...	181
„ Roofs	...	...	...	...	430
„ Sinks	...	...	...	...	22
„ Soil Pipes	...	...	...	...	6
„ Stairs	...	...	...	...	19
„ Washboilers	...	...	...	...	2
„ Waste Pipes, Sink or Bath	...	...	...	...	61
„ Windows	...	...	...	...	673
„ Yard Paving	...	...	...	...	27
Dirty Premises	...	...	...	...	14
Drains, Choked	...	...	...	...	67
„ Defective	...	...	...	...	229
„ Insufficient	...	...	...	...	2
Smoke Nuisances	...	...	...	...	2
Streams or Ditches Fouled	...	...	...	...	3
Tipplers Choked or Defective	...	...	...	...	1
Verminous Premises	...	...	...	...	2
Walls, Fractured, Internal	...	...	...	...	5
„ Fractured, Bulging or Dangerous, External	...	...	...	...	59
„ Defective or Dangerous, Yard	...	...	...	...	53
Water Closets Choked	...	...	...	...	11
„ Closets Defective	...	...	...	...	127
„ Pipes Burst	...	...	...	...	51
„ Supply Insufficient	...	...	...	...	5
Waste Water Closets converted to W.C's.	...	...	...	...	42

Referred to other departments :—

Choked Sewers and Street Gullies, to Borough Engineer ...	...	111
Dangerous Walls, etc., to Borough Engineer ...	...	19
Wastage of Water to Water Engineer ...	...	38
Defective Water Mains to Water Engineer ...	...	6
Gas Leakages to N.W. Gas Board ...	...	14
Accumulations of Refuse in Back Streets, to Borough Engineer		43

Tents, Sheds, Caravans, Etc. At the end of the year there were 21 caravans in the Borough used as human habitations.

Offensive Trades. The number of offensive trades within the Borough is sixteen. These consist of 8 Bone and Rag and Bone Dealing, 3 Fat Extracting, or Fat Rendering, 1 Gut Scraping and 4 Tripe Boiling. There are also two Knaekers Yards. All are visited regularly.

Insanitary Dwellings. Ten houses were closed during the year as being unfit for human habitation.

Verminous Premises and Persons. 307 private dwelling houses comprising 414 rooms have been disinfested. Thirty-six infested persons were treated at the Cleansing Clinic.

Common Lodging Houses. The position is as described in the report for 1950.

Houses-Let-in-Lodgings. There are 24 such premises which provide 150 rooms with a 98 per cent occupancy. The general standard of accommodation is low.

Smoke Abatement. During the year, 257 smoke observations were made.

In twenty-nine cases black smoke was emitted for a longer period than permitted, and advice given to the engineers in charge.

Canal Boats. The Corporation have carried out, within their District, the provisions of the Public Health Act, 1936 (part X) :

- (1) They have maintained in office an Inspector, Mr. Frederick Basil Addy, appointed for the execution of the said Act.
- (2) Ten canal boats have been examined and reported upon.
- (3) No infringements of the Act have come under the notice of the Inspector.
- (4) There has been no occasion to take legal proceedings.
- (5) No written intimation has been served.
- (6) No cases of infectious disease were met with.
- (7) There was no detention of boats for cleansing and disinfection.
- (8) There are twenty-four canal boats on the register which are in use or available.

RODENT CONTROL.

Surface Infestation.—The control of rat and mouse infestation has been effectively maintained during the year.

TABLE 3.

Complaints and requests for disinfestation	...	...	...	488
Investigated and rat infestation found	...	...	...	143
Investigated and mouse infestation found	...	...	...	204
Investigated and no infestation found	...	...	...	141
Premises surveyed	...	...	...	8097
Total number of treatments completed	...	...	...	519
Estimated number of rats killed	...	...	...	1320
Estimated number of mice killed	...	...	...	2721
Defective drains made sound	...	...	...	184

Rodent Control in Sewers. In August, 1944, following a direction by the Ministry of Food, rodent control in sewers was begun under the control of the Borough Engineer. This entailed the employment of casual labour at periodic intervals. This type of labour became increasingly difficult to obtain and at the beginning of 1952 following discussions between the Borough Engineer and the Medical Officer of Health it was agreed that surface rodent control and rodent control in sewers should be merged into one service under the Health Department. This necessitated the employment of two additional rodent operators.

During the year treatments have been carried out during the periods April/July and August/October. At the first treatment 3,850 manholes were baited with sausage rusk and zinc phosphide and takes were recorded in 636 manholes. For the second treatment 1,455 manholes were baited with bread rusk and arsenious oxide ; takes were recorded in 412 manholes.

FACTORIES ACT, 1937, AND THE SANITARY ACCOMMODATION REGULATIONS, 1938.

Nine hundred and fifty-nine power factories and one hundred and twenty-nine non-power factories are on the Register kept by the Department. During the year thirty-two factories have been inspected. Where contraventions of the Act were found, the occupiers of the factories concerned were notified, and requested to take appropriate steps to comply with the Act.

Table No. 4 sets out particulars of inspections made and of the contraventions found and dealt with.

TABLE 4.

DETAILS OF INSPECTIONS MADE.	Power	Non- Power	Other Premises
Number of factories on the Register	959	129	7
Number of factories inspected	25	7	—
Number of re-visits to factories	66	5	—
Number of factories found satisfactory	8	1	—
Number of factories where contraventions were found	17	6	—
Number of factories where contraventions have been remedied	22	2	—

CONTRAVENTIONS OF THE FACTORIES ACT, 1937
AND
THE SANITARY ACCOMMODATION REGULATIONS, 1938

	Number of Contraventions found	Number of Contraventions remedied
<hr/>		
Sect. 1. CLEANLINESS.		
(a) Accumulations of refuse	1	1
(c) Walls, partitions, ceilings not clean	2	2
Sect. 3. TEMPERATURE.		
Effective provision not made for maintaining a reasonable temperature	—	—
Sect. 7. SANITARY CONVENIENCES.		
Absence of sanitary conveniences	—	—
Sufficient sanitary conveniences not provided	—	1
Suitable sanitary conveniences not provided	1	1
Separate sanitary conveniences not provided for each sex	1	6
Sanitary conveniences not effectively lighted	9	14
Sanitary conveniences not maintained in proper repair	2	5
Sanitary conveniences not kept clean	4	1
SANITARY ACCOMMODATION REGULATIONS, 1938.		
Sanitary conveniences not ventilated	—	2
Sanitary conveniences in direct communication with the workroom	8	12
Sanitary conveniences not provided with proper doors	—	1
Sanitary conveniences not provided with proper fasteners	5	3
Sanitary conveniences not conveniently accessible	—	—
Sanitary conveniences not provided with separate approaches	1	—
Sanitary conveniences not effectively screened	3	1
Sanitary conveniences not indicated with sex of users	4	4
Insanitary urinals	1	4
TOTAL	42	58

PART III.

Food Supply.

ICE-CREAM.

The number of premises registered for the manufacture, sale or storage for sale of ice-cream has again increased. During 1952, 18 applications for registration were received.

At the end of 1952, the Register of these premises showed the following alterations :—

Number on Register 31st December, 1951	348
Number of registrations discontinued during 1952 ...	7
Number of premises registered during 1952.....	18
Total on Register 31st December, 1952.....	359

Bacteriological Examination. During the year, thirty samples were taken for bacteriological examination of which 26 came within grades 1 and 2, four in grade 3, and nil in Grade 4. Three samples contained B. Coli.

Chemical Examination. On the 7th July, 1952, the Food Standards Ice-Cream (Amendment Order, 1952, came into force which lowered the chemical standard of ice-cream to not less than 4% fat, 10% sugar and 5% milk solids not fat.

Ten samples were obtained and submitted to the Public Analyst. All were well above the prescribed standard, the average analysis being fat 9.5%, sugar 13.2%, milk solids not fat 8%.

Heat Treatment Regulations. 1,724 visits were made to registered ice-cream premises and 107 warnings were given for various contraventions of the Regulations and of the Food & Drugs Act, 1938.

Three and a half gallons of ice-cream and 230 various ices were destroyed or reheat-treated following rise in temperature above the legal maximum.

DAIRIES AND MILK SUPPLY.

Dairies. Four hundred and eighty-one visits were made to dairies, forty-five verbal notices were given and nine letters sent in connection with contraventions of the Milk and Dairies Regulations.

Farms. Twenty-eight visits were made to farms in connection with adverse reports on milk samples and advice given to the farmers concerned.

Milk Vehicles. Eighty-nine milk vehicles were inspected during the year and four verbal notices given in connection with unsatisfactory vehicles.

Milk (Special Designations) (Raw Milk) Regulations 1949.

Milk (Special Designations) (Pasteurised & Sterilised Milk) Regulations, 1949.

During the year a total of three hundred and seventy-five samples of designated milk and seventy of undesignated milk were bacteriologically examined.

The following table shows the grades of milk examined and gives details of those samples which failed to pass the tests prescribed.

TABLE 5.

Class of Milk	No. of samples	No. satisfactory	No. not satisfactory	TESTS FAILED			
				Phosphatase	Methylene Blue	Coliform	Biological
Pasteurised ...	127	109	18	4	...	14	...
Sterilised ...	78	78	...	...	...	...	...
Tuberculin Tested ...	113	80	33	...	21	29	...
Tuberculin Tested Pasteurised ...	42	37	5	...	...	5	...
Accredited ...	15	9	6	...	4	2	...
Non-Designated ...	70	34	36	...	33	25	...
All grades examined for T.B. ...	88	83	5	...	...	...	5

MEAT INSPECTION.

TABLE 6.

Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	3768	3406	3629	26419	5341
Number Inspected	3768	3406	3629	26419	5341
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole Carcases Condemned ...	3	14	143	46	32
Carcases of which some part or organ was condemned	2507	2692	36	6722	724
Percentage of the number inspected with disease other than tuberculosis	67%	79.4%	4.93%	25.61%	14.15%
TUBERCULOSIS ONLY :					
Whole Carcases condemned	15	83	21	...	30
Carcases of which some part or organ was condemned	411	1206	1	...	346
Percentage of the number inspected affected with tuberculosis ...	11.30%	37.84%	0.61%	...	7.04%

Details of Carcases rejected for diseases other than Tuberculosis.

Cattle

Oedema	6
Multiple Abscesses ...	1
Generalised Cysticercus	
Bovis	2
Congested and Odoriferous	1
Bruised and Odoriferous ...	1
Bilateral Pyelonephritis ...	1
Mucoid Degeneration ...	1
Septicaemia	2
Extensive and severe bruising	2
<hr/>	
Total	17
<hr/>	

Sheep

Emaciation	11
Oedema	13
Ascites	3
Pyæmia	4
Arthritis	1
Peritonitis	2
Septic Pneumonia	2
Extensive Bruising	2
Badly Bled	1
Septic Metritis	1
Multiple Abscesses	2
Mucoid Degeneration	1
<hr/>	
Total	46
<hr/>	

Calves

Peritonitis	9
Immaturity	35
Joint Ill	25
Oedema	42
Jaundice	15
Pyæmia	2
Badly Bled	5
White Scour	2
Nephritis	2
Enlarged Joints	2
Diarrhoea	2
Navel Ill	1
Septicaemia	1
<hr/>	
Total	143
<hr/>	

Pigs

Septic Pneumonia	1
Peritonitis	7
Fevered	9
Decomposition	1
Septic Mastitis	1
Pyæmia	3
Oedema	3
Immaturity	1
Dead	1
Moribund	3
Badly Bled	2
<hr/>	
Total	32
<hr/>	

Cysticercus Bovis. During the year one hundred and thirty-five cases were discovered, two of them being generalised. The latter carcasses were condemned and the others sent to cold storage for a period of not less than three weeks.

Carcases, etc., sent for Utilisation.

95 tons 13 cwts. 1 qr. 20 lbs.

Number of Visits to Inspect Food.

Meat Shops ...	...	...	437	Meat Market ...	...	...	23
Fish Shops ...	...	...	33	Fish Market ...	...	...	177
Provision Shops ...	...	...	204	Fish Siding ...	...	...	160
				Miscellaneous	...	...	86

Other Foodstuffs seized or surrendered.

Tins and Jars of Miscellaneous Foods	...	...	...	11420
Imported Tinned Boiled Ham	...	...	...	19 cwts. 2 qrs. 13 lbs.
Imported Meat	...	...	...	561 lbs.
Gangs of sheeps' feet	...	...	...	3653
Imported tripes	...	...	...	55
Rabbits	...	...	...	48
Poultry	...	...	...	16
Soft Fruits	...	...	...	2466 lbs.
Stoned Fruits	...	...	...	2332 lbs.
Fruits	...	...	...	2492 lbs.
Vegetables	...	...	...	5224 lbs.
Miscellaneous Foods	...	...	...	315 lbs.

Food and Drugs Act, 1938. Section 13.

Inspection of premises where food is prepared, sold or stored.

Summary of premises visited.

Butchers and cooked foods premises...	...	...	...	...	...	171
Bakehouses	...	...	...	...	...	671
Cafes and snack bars, etc.	...	...	...	...	...	255
Fish Fryers and Crisp Fryers	...	...	...	...	...	179
Grocers	...	...	...	...	...	139
Greengrocers	...	...	...	...	...	19
Miscellaneous	...	...	...	...	...	11
<hr/>						
Number of premises inspected	...	...	...	...	...	973
Number of premises found satisfactory	...	...	...	...	...	740
Number of premises found unsatisfactory	...	...	...	...	...	233
Number of re-visits to unsatisfactory premises	...	...	...	...	...	472
Number of premises made satisfactory	...	...	...	...	...	145

Details of defects found.

	<i>Defects</i>	
	<i>found</i>	<i>remedied</i>
Sanitary conveniences in direct communication	27	17
Walls, ceilings, woodwork not kept clean	216	134
Rooms not in structural repair	83	69
Insufficient ventilation	19	15
Accumulations of refuse, and cleansing of floors	31	19
Insufficient cleanliness of utensils, apparatus, etc.	26	20
Sinks not provided or defective	33	25
Hot and cold water not provided	49	29
Food Byelaws Contraventions	72	66

Food and Drugs Act, 1938. Section 14.

Application for the registration of premises for the manufacture of
sausages, potted, pressed, pickled or preserved food.

Number of applications received	...	...	...	...	2
Number of applications granted	...	...	...	...	2
Number of applications refused	...	...	...	...	—

Miscellaneous Visits.

Re : Unsound foods	...	...	...	...	371
Re : Proposed food premises	...	...	...	...	61
Re : Catering licences	...	...	...	...	2
Re : Food byelaws	...	...	...	...	48

Food Poisoning. Nine cases of food poisoning were discovered during 1952. All were isolated cases and in no instance was it possible to identify the causative agent.

Merchandise Marks Act, 1926. One hundred and thirty-two visits were made to shops and stalls.

Where it was found that imported tomatoes were being offered or exposed for sale without an indication of the country of origin as required by an Order made under the Merchandise Marks Act, 1926, letters of warning were sent to the offenders on receipt of which the tomatoes were suitably marked. In no case was it found necessary to institute proceedings.

Fertiliser and Feeding Stuffs Act, 1926. Twelve samples of feeding stuffs and fertilisers were examined by the Analyst during the year.

Three did not conform with the statutory statements and warning letters were sent in every case.

Food and Drugs Act, 1938. During the year, one hundred and seventy samples of milk were submitted to the Public Analyst. Of these, twelve were reported as not genuine. In addition, out of a further two hundred and thirty-one samples of other foods and drugs fourteen were reported as adulterated, making a total of twenty-six.

The following table shows the action taken respecting the twenty-six samples reported not genuine.

TABLE 7.

FOOD & DRUGS ACT, 1938. ACTION TAKEN IN REGARD TO ADULTERATED SAMPLES.

Article Sampled	No. of Sample	Formal	Informal	Analyst's Report	Action Taken.
Milk	367	F.	—	2% added water.	Letter of warning.
Milk	368	F.	—	2% added water.	Letter of warning.
Sugar Wafers ...	383	—	I.	Stale and musty.	Stocks surrendered.
Tinned Prunes ...	411	—	I.	Contained excess of iron.	Stocks surrendered.
Butter Toffee ...	422	F.	—	75% deficient in butter fat.	Fined £5 and £1 ls. 0d. costs.
Beef Sausage ...	423	F.	—	Slightly deficient in meat.	Letter of warning.
Milk	437	F.	—	21% deficient in fat.	} Found to be tampered with after delivery to consumer. No action.
Milk	438	F.	—	31% deficient in fat.	
Milk	460	F.	—	1% added water	} Producer advised.
Milk	462	F.	—	1.4% added water	
Milk	464	F.	—	2% added water	
Milk	465	F.	—	2.9% added water	
Milk	466	F.	—	1.6% added water	
Butterbelle selection	493	F.	—	87.5% deficient in Butter fat.	Fined £5 and £1 ls. 0d. costs.
Milk	531	F.	—	3% added water, 9% deficient in fat.	} Letter of warning.
Milk	532	F.	—	8% deficient in fat.	

Table 7—Continued. FOOD & DRUGS ACTS, 1938.

Article Sampled	No. of Sample	Formal	Informal	Analyst's Report	Action Taken.
Semolina	537	—	I.	Infested with mite.	Stock surrendered.
Red Cherries ...	546	—	I.	Unfit for human consumption.	Stock surrendered.
Butter Mints ...	564	F.	—	Unsatisfactory label.	Manufacturer approached and new labels issued.
Milk	569	F.	—	26% deficient in fat.	Warning letter.
Nerve Sedative ...	572	F.	—	Indiscriminate use of this preparation might prove harmful.	Facts reported to Ministry of Health.
Pork Sausage ...	575	F.	—	21% deficient in meat.	Warning letter.
Pork Sausage ...	606	F.	—	Slightly deficient in meat.	Warning letter.
Pork Sausage ...	647	F.	—	23% deficient in meat.	Warning letter.
Pork Sausage ...	712	F.	—	Genuine Pork Sausage but meat content not in accordance with that claimed.	Warning letter.
Buttaminis	730	F.	—	Devoid of butter fat.	Analyst's certificate received too late to lay information. Extension of time refused by magistrates. Warning letter sent.
TOTAL ...		22	4		

PART IV

Infectious Diseases.

TABLE 8

CASES OF INFECTIOUS DISEASE DURING THE YEAR 1952.

NOTIFIABLE DISEASE.			Number of Notifications received	Number of Cases in which diagnosis was subsequently corrected	Corrected number of notifications	Number admitted to Hospital	Number Died
Small-pox	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...
Diphtheria (Including Membranous Croup)	...	...	...	...	...	...	+1
Erysipelas	...	...	8	...	8	3	...
Scarlet Fever	...	...	322	3	319	95	...
Typhus Fever	...	...	...	...	...	...	...
Enteric Fever	...	...	1	1	...	...	...
Puerperal Pyrexia	...	...	107	1	106	3	...
Cerebro-spinal Meningitis	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	6	...	6	...	...
Pulmonary Tuberculosis	...	...	95	1	94	128*	27
Other Forms of Tuberculosis	...	...	15	...	15	12*	6
Poliomyelitis (Paralytic)	...	...	4	1	3	2	1
Poliomyelitis (Non-Paralytic)	...	...	1	...	1	...	...
Acute Encephalitis	...	...	1	...	1	...	...
Dysentery	...	...	20	1	19	7	...
Malaria	...	...	...	...	...	...	...
Pneumonia (Acute Primary and Acute Influenzal)	...	...	73	...	73	1	6
Diarrhoea	...	...	...	...	...	...	...
Whooping Cough	...	...	291	1	290	6	...
Measles	...	...	675	1	674	5	...
Periphagus Neonatorum	...	...	...	...	...	...	...
Meningococcal Infection	...	...	3	1	2	2	...
Food Poisoning	...	...	11	1	10	...	...
Paratyphoid Fever	...	...	3	...	3	3	...
			1636	12	1624	267	41

* Includes a number of cases notified in previous years.

* A table accompanying

SOUTH AFRICA

Disease	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Smallpox...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Mem- branous Croup)	...	...	...	66	82	69	29	32	28	19	17	6	...	...	...
Erysipelas	172	95	65	26	18	21	10	18	10	7	12	23	9	3	8
Scarlet Fever	...	...	...	98	254	317	330	399	120	159	213	27	74	100	319
Enteric Fever	2	...	10	7	...	2	21	...	1	...	...	3	1	...	...
Puerperal Pyrexia	24	23	12	23	19	23	29	22	33	64	48	28	21	49	106
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	6	7	25	35	20	13	4	10	5	6	5	2	...	...	...
Polio-myelitis (Paralytic)	2	1	8	...	...	...	1	2	1	2	3	10	4	7	3
Polio-myelitis (non- paralytic)	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Pulmonary Tuberculosis	100	88	91	80	109	99	83	84	88	97	74	62	65	90	94
Other forms of Tuberculosis	38	31	24	26	32	25	9	26	22	25	34	12	16	16	15
Ophthalmia Neonatorum	5	14	6	14	13	15	15	23	28	23	14	13	1	2	6
*Measles	...	107	1367	992	804	144	1220	306	596	584	779	1207	1787	498	674
Encephalitis Lethargica	5	3	...	2	1	1	...	...	...	...	...	...	...	...	...
Dysentery	...	15	2	41	2	64	78	59	16	4	8	1	55	72	19
Malaria	1	...	...	1	...	1	...	...	1	...	...	...	...	...	...
Pneumonia	166	215	186	137	117	147	49	76	72	82	108	100	55	109	73
†Diarrhoea	2	3	...	5	1	...	...	2	...	6	11	9	6	...	...
*Whooping Cough	...	142	412	249	147	218	132	93	125	52	236	232	180	131	290
TOTALS	775	970	2324	1802	1619	1159	1991	1152	1146	1231	1562	1805	2275	1078	1608

* Notifiable from 1939. † Notifiable from July 1st to October 31st.

Bacteriological and Pathological Examinations.

The following table gives details of specimens submitted by the Health Department during the year :—

TABLE 10.**BLACKBURN ROYAL INFIRMARY—**

Specimens of Milk ...	...	...	...	...	445
Specimens of Ice-cream ...	...	...	...	...	40
Sputum for Tubercle Bacilli ...	...	...	...	...	353
Swabs for Diphtheria and Streptococcus Haemolyticus ...	...	...	...	...	407
Faeces and Rectal Swabs ...	...	...	...	...	42
Urines ...	...	...	...	...	7
Blood Counts ...	...	...	...	...	460
Miscellaneous ...	...	...	...	...	8

LIVERPOOL UNIVERSITY—

Specimens in connection with Rh. Factor Tests...	793
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EDINBURGH UNIVERSITY—

Hogben Tests	7
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APPENDIX

National Health Service Act.

**SPECIAL SURVEY OF LOCAL HEALTH
SERVICES PROVIDED UNDER THE
NATIONAL HEALTH SERVICE ACTS.**

PUBLIC HEALTH OFFICE,
BLACKBURN.

February, 1953

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In August last the Minister asked for a survey report in accordance with the appended extract from Circular 29/52 :

“The Minister has been considering the information on the Local Health Services which County and County Borough Councils should be asked to arrange for their Medical Officers of Health to include in their Annual Reports for 1952, in pursuance of Regulations 6(3) and 17(5) of the Sanitary Officers (Outside London) Regulations, 1935. As some years' experience is now available of the working of these Services as part of the National Health Service, the Minister feels that it will be advantageous to central and local administrations alike if in every County and County Borough, a special survey is now made which will not only include an account of these Services as existing at the end of 1952, but will also contain a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Service. The Minister, therefore, invites your Council to co-operate, as he is sure they will readily do, by arranging for the Medical Officer of Health to prepare such a survey for inclusion in his report for 1952. It is suggested that the survey should deal with, though not necessarily be restricted to, the points mentioned in the appendix to this Circular.....”

Much of the following preamble, irrelevant to the Circular, is for local consumption. It covers, for instance, certain staff matters and the possible effects of Hospital/Health Department divorcement upon general public health administration, particularly that of infectious disease. I intended to so comment in my routine Annual Report but this survey enables two birds to be killed with one shot.

The body of the Report, on the other hand, is factual and departs but little from the form set out in the Circular. It has been prepared critically with the object of discovering, not of glossing over, weaknesses. A stock-taking which covers four and a half years administration of new and important services would be worthless otherwise.

Despite this carping approach I have found little wrong. Those who read the following report with fresh and critical minds may pick out deficiencies which familiarity has caused me to overlook. If this be so my time will have been well spent.

First to consider the imperfections which solely concern the Health Committee. There are, of course, other imperfections in the Service which are not to be nailed on the door of the Department !

- (1) Bad accommodation at the Ambulance Depot and Child Welfare Centres, capable of remedy only by costly building programmes.
- (2) Inconvenient and cramped lay-out of the Ante-Natal Clinics.
- (3) Alma Street Occupation Centre, a " black spot " of the service, housed in dingy and cramped premises totally unsuitable for the purpose. An over-estimate, fortunate as it now transpires, of Day Nursery requirements has provided an answer, and the redundant Gladstone Street Nursery, now being converted into an Occupation Centre, will shortly be in full commission ; and
- (4) Shortage of medical and health visiting staff.

Medical Staff.

The shortage of medical staff in this Department is one of 30 per cent. There are various reasons for this.

The first, though not necessarily the most important, is the smaller financial inducement of public health compared with other branches of nationalized medicine. The recent Industrial Court Award has done little to improve recruitment; this goes from bad to worse.

A second factor, the " playing down " of prevention at the expense of cure (the former coming into the public eye only when things go wrong), further reduces the attractiveness of public health work to those debating which branch of medicine to take up as a career.

Again, Local Government medicine has so chopped and changed as to cause uncertainty, and even misgiving, as to its future.

Let us turn back to 1929, when the story begins with the transfer of the old Poor Law Hospitals to the Major Authorities. This new task the Authorities set about with a will and, despite financial stringency and the war-time " stand-still " and transformed their heritage before the " appointed day."

In 1935 appears (in the Sankey Report) the first reference of which I am aware to regionalisation of hospitals.

Nine years later the 85-page White Paper on " A National Health Service " emphasised in 8½ sure lines, with no " ifs " or " buts " about them, that " there will be an even more important part in the future than there has been in the past for..... the medical organization of public health " and, further, that the National Service

“ would give new scope and better opportunity not only to those already engaged but to newcomers to this branch of professional life.”

Things were looking up indeed, and the promised “ new scope ” took, in 1948, the form of expropriation from Local Authorities of their General, Chest, Infections Disease and Maternity Hospitals, and of their Tuberculosis Dispensaries and Venereal Disease Treatment Centres. In compensation the Authorities received new or extended powers covering health visiting, maternal and child care, domiciliary nursing and midwifery, ambulance services, mental health, domestic help, and most important and far-reaching of all, “ Prevention of illness, Care and After-care.”

These powers offer great scope and interest but, as they are complementary to the hospital side of the National Health Service Act, one wonders whether they too will meet the fate of the one-time Authority Hospitals and Clinics ?

This doubt, already in the minds of some entrenched in public health, is, I fear, seeping into the ranks of juniors in the service and of the newly qualified considering their professional futures.

It does not encourage recruitment.

Shortage of Health Visitors.

At first the bursary system of health visitor training more than balanced our staff losses and enabled a 90% amalgamation of the school nurse health visitor services. This favourable equilibrium, maintained for some eighteen months, was then lost, as our bursars on expiry of contract accepted appointments with Authorities offering better conditions of service. Such Authorities also attracted incoming trainee health visitors.

Before the Rushcliffe Committee standardised health visitors' salaries, the recruitment position was chaotic due to the different rates of pay offered by Authorities in their quest for staff. The Rushcliffe awards did away with this form of inducement now replaced by an equally tempting one, namely, the shorter number of working hours which some Health Departments, tacitly or officially, expect of their health visitors. Naturally, an Authority which offers a shorter working week and more Saturday mornings off than its neighbour obtains the staff.

It is unfortunate that the Nurses Salaries Committee, in fixing the salaries to be paid, did not see fit to fix binding hours of duty for nurses engaged in the public health service. This omission has left anomalies as bad as those caused by differing salaries.

Hospital Changes and Public Health.

Unlike some of my colleagues I little regret the loss of Local Authority General and Maternity Hospitals, apart from their possession having enabled a tie-up of Authority Services. They offered, in fact, little "preventive" opportunity or assistance and were not of public health concern.

Sanatoria, "T.B. Dispensaries" and Venereal Disease Treatment Centres, however, are bound up with the communal health upon which their transfer may have repercussions unless, as is happily the case here, the Consultants concerned appreciate that the tune is best sung, not as a resonant solo, but as a harmonious duet.

I am not surprised that Authorities have lost their "Chest Work" as few of the medium sized ones supplied an efficient and complete curative service unless, as but rarely occurred, they were sufficiently far-sighted (as you were) to use the powers provided by the Local Government Act, 1933, and the Public Health Act, 1936, whereby this important service might be administered by a larger Authority.

Infectious Disease Control.

The changed control of Infectious Disease Hospitals has complicated infectious disease prevention, a paramount duty of the Medical Officer of Health, who receives the notifications and thereafter is alone responsible for all preventive procedure.

When he controlled the infectious disease hospitals he was able to balance hospital intake and outflow and effect inter-ward transfers in the light of what was actually going on, or likely to transpire, outside.

During heavy prevalence of infectious disease the co-ordinated management of the situation, both within and without the hospital, largely depends on this job. This was not always easy, even when under the unified control of one who saw both sides of the game. Will it be any easier now that a virtual "iron curtain" has split epidemiology into two separate parts?

Since the appointed day, medical officers (most of them widely experienced in infectious disease) have been replaced in fever hospitals by consultant general physicians and paediatricians whose skill in general medicine or children, as the case may be, we readily acknowledge. They will, I think, just as generously acknowledge our skill in "clinical fevers" and specialized experience and training in preventive work.

Throughout the Country such association as may exist between Health Departments and Infectious Diseases Hospitals is loose and bi-partite. From the preventive angle the resultant set-up is, in moderate terms, administratively unsound.

Most, if not all, medical officers of health agree with the principle of hospital regionalisation, including that of "Fever Hospitals" but disagree with the manner in which the latter have been absorbed. Their attitude is not based on any *sic transit gloria mundi* regrets but on the fact that infectious disease control depends upon co-ordination of hospital and environmental activities.

Let us consider the elements of infectious disease control. The first essential (staffs of General Hospitals please note !) is prompt notification, although delayed returns are better than none at all ! The job now passes to :

A. The Hospital.

- (1) Immediate availability of beds.
- (2) An M.O. in charge with specialist knowledge of infectious disease equal to that of the Consultant Physician or Surgeon called into the fever hospitals to deal with their own special line ; and
- (3) The Laboratory.

B. Investigation and Administration.

- (1) Speed of action.
- (2) Follow up and investigation by Medical Officers, Sanitary Inspectors, Health Visitors, correlation of available information, supervision of contacts, etc.
- (3) Removal of cases and disinfection of their belongings.
- (4) Office recording of all happenings.
- (5) Interchange of information with neighbouring Authorities.
- (6) Overall control by someone associated with the Hospital and Health Department.

The above, not a complete picture of the work which even sporadic cases of infection may entail, indicate that effective management calls for unified and not, as at present, dual control.

Until 1948 Health Authorities did all Infectious Disease work, clinical and preventive, with efficiency. When they controlled the Hospitals they allowed their medical officers practically unlimited discretion in obtaining specialist "non-fever advice" and discharged their responsibilities in no parochial way. In fact the association of the old Fever Hospitals with general hospitals and the various specialist services was just as effective as it is now though not "tied up" by statutory requirement.

Three questions now occur to me :—

- (1) Is the present bi-partite system of infectious disease control as sound as the old ?
- (2) If not, which of the two separate Authorities now concerned, Health or Hospital, is best fitted for overall control ? ; and
- (3) What reason (other than that of enabling legislation) is there against returning the Infectious Disease Hospitals to their former managers acting, may be, as agents of the Hospital Authority and subject to their control as regards policy and finance ?

Like “Jesting Pilate,” I “do.....not stay for an Answer” !

A Survey Report such as this entails a review not only of the specific services which it is primarily designed to cover but also of many ancillaries. Its preparation tempts discursiveness, musings on the past and speculations as to the future, and invites criticism of events which, no matter how kindly meant, may yet not find universal favour.

Like Adam, yet without apology, I have fallen to temptation.

Although the views which I have expressed are personal and as such may not indicate your public policy or private opinion, I think you will be in general agreement.

To sum up. Your services certainly merit praise, as they are complete and carefully planned, and as closely co-ordinated with the activities of other bodies concerned with the Act as the present divided and complicated system permits.

It would be idle to pretend that there is unity throughout the Health Services, which will not come until its curative and preventive branches are fused and administered over areas wider, perhaps, than existing local government boundaries permit.

How and where to begin on this fusion, whether at the centre or at the periphery, the question ?

The periphery affords opportunity for Local Authorities themselves. For instance, they provide clinic, nursing, medical and dental supervision of pre-school and school-children under the Health and Education Acts respectively. Administratively this raises little local difficulty as in most County Boroughs the health and school medical services are co-ordinated by the Medical Officer of Health who is generally School Medical Officer also.

Further, the Children's Act covers "welfare" of certain children already provided for (in many health matters) by the Local Authority under the Health and Education Acts.

A third anomaly is found in the parallel "Care and After-care" powers of Section 28 of the National Health Service Act and Section 29 of the National Assistance Act.

These three examples come to mind without much thought as instances, though there are many others, of administrative overlapping and waste which should be done away with, even if amending legislation be needed for the purpose.

In conclusion, I wish to thank those colleagues who have prepared the data on which the following Report is based, and the two members of the secretarial staff responsible for most of its preliminary "proofing" and final set-up.

To you, Mr. Chairman, Ladies and Gentlemen, I am grateful for the courteous interest and help which you accord to all Health Department affairs. This has enabled the Services to reach their present high standard and will ensure their continuing development in the light of experience, need and opportunity.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. T. THIERENS,

Medical Officer of Health.

PART ONE.

GENERAL.

I. Administration	Page 10
II. Co-ordination and co-operation with other parts of the National Health Service ..	Page 10
III. Joint use of staff	Page 11
IV. Voluntary Organisations	Page 12

I. ADMINISTRATION.

(a) The Deputy Medical Officer and myself give approximately half-time to the Local Health Authority Services under the Acts.

One or other of us interviews the Heads of all sub-Departments daily.

(b) Approved Medical Establishment of the Department is five full-timers, actual 3-6/11ths.

(c) Two neighbouring Divisional Areas use our Ambulance Service (by agency arrangement with the County) and Orthoptic Services.

Children from No. 5 County Area attend the Blackburn Occupation Centre.

During 1952 16 Blackburn children attended the County Child Guidance Clinic held in Blackburn.

II. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

(a) The Chairman and Vice-Chairman of the Health Committee serve on the Local Executive Council, the former and myself on the Hospital Management Committee.

I serve on the Local Medical Committee and Medical Advisory Committee, and am also a member of the Manchester Regional Board Liaison Committee.

(b) Co-operation between non-medical members of the Authority and Local Hospital Staffs is close. For instance, the Superintendent Health Visitor worked for a period in the Almoner's Department at the Royal Infirmary; our Mental Welfare worker attends all sessions held by the Board's Psychiatrists in Blackburn.

The authority's Physiotherapist assists the Orthopaedic Surgeon at his hospital out-patient session to which Health Department cases have been referred; the Authority's Orthoptists give one session per week to the Royal Infirmary. This number will shortly be increased.

(c) The Hospital Almoner notifies the Health Department of cases likely to require authority services such as domestic help, health visiting, etc., after discharge. Some of them are visited before discharge by a member of the Health Department staff to ensure adequate domiciliary care. Further reference to the Almoner question is made on page 45 of this Report.

These arrangements, and also those with the general practitioners as regards domiciliary "care and after-care" work well.

(d) Information about services provided by the Local Health Authority is passed to general practitioners either through the Clerk to the Executive Council, by circular letter, through the medium of the Local Medical Committee, or by less formal methods.

The general public is informed by means of Press announcements and personal contact with members of the Health Department Staff.

In the early days of the National Health Service, seven thousand guides were printed for issue to the public.

(e) Local co-ordination of all parts of the Health Service is lacking, inasmuch as there is no over-all tie-up of the medical services, namely, Local Authority Hospital and general practitioner, provided under the Act.

To remedy this the Hospital Management Committee in December, 1950, recommended the appointment of a Joint Advisory Committee representing themselves, the Health and Welfare Services Committees, No. 5 Divisional Health Committee and the Local Executive Council.

As the Blackburn and Lancashire Executive Councils and the Blackburn and Lancashire Local Medical Committees declined to participate on, I understand, the grounds that an Advisory Committee lacking executive powers would serve little useful purpose, the project was not implemented.

IV. JOINT USE OF STAFF.

(a) One general practitioner and an anaesthetist (until recently in general practice also, but now under part-time contract to the Regional Board) do part-time work for the Authority at Maternity and Child Welfare Centres, immunisation and school clinics, dental gas examinations and undertake various other duties of clinical nature.

(b) Consultants of the Board conduct specialist clinics (in connection with the Maternal, Child and School Health Schemes) at the Health Department for the following purposes :

- (i) Venereology ;
- (ii) Oto-laryngology ;
- (iii) Ophthalmology ;
- (iv) Obstetrics ;
- (v) General medicine as applied to children showing heart or rheumatic conditions and blood abnormalities and to pregnant or post-natal women presenting medical abnormality.

This association is of mutual benefit as it stimulates the clinical interests of the Authority's medical staff, keeps before the consultant the importance of preventive work, ensures good record-keeping, saves much paper-work and enables orderly follow-up.

V. VOLUNTARY ORGANISATIONS.

(a) The Department co-operates closely with the Blackburn Council for Social Services and is represented on the Committee. This council co-ordinates local voluntary social services and studies the possibilities of their expansion.

(b) The Old People's Welfare Committee does much useful work through home visitation and the provision of a voluntary hostel. They keep in close touch with the Health Department regarding the provision of Section 28 services for cases under their care.

(c) The Personal Service Society is of great help to the Health Department in providing recuperative rest for persons covered by Section 28. They readily assist in the free provision of rest for persons not so covered but deserving help on sympathetic grounds.

(d) The Diocesan Moral Welfare Council has a Mother and Baby Home just outside the Borough, in Wilpshire, and employs a Social Worker who operates from Blackburn. She is in regular touch with the Superintendent Health Visitor who also has a monthly conference with the Dioeesan Organiser.

(e) The N.S.P.C.C. Inspector is in close, and almost daily, contact with the Health Visitor/School Nurses and co-operates with them in following-up the so-called problem, and other, families where neglect of children exists or is likely to arise.

(f) Other voluntary agencies with which the Department comes into contact about matters not covered above, include the Women's Voluntary Services, the St. John Ambulance and British Red Cross Joint Committee, the Fellowship for the Hard of Hearing, the Deaf & Dumb Institute, the Blackburn and Distriet Crippled Children's Aid Society, and various ex-servicemens' assoeiations.

PART TWO.

PARTICULAR SERVICES.

V. Care of Expectant and Nursing Mothers and children under school age ..	Page 14
VI. Domiciliary Midwifery.. ..	Page 26
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V. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

(i) Expectant and Nursing Mothers.

(a) An Assistant Medical Officer holds four ante-natal sessions each week, and a fortnightly post-natal session on Local Health Authority premises.

(b) Municipal Midwives "ante-natal" their cases either at their (the midwives) homes or at the Authority's Clinics and thence refer them (unless under the care of private doctors) for examination by the lady Assistant Medical Officer at an Authority Clinic.

TABLE 1.

Ante-Natal Sessions Conducted	1949	1950	1951	1952
(1) <i>By Medical Officers—</i>				
No. of Sessions	68	192	191	180
No. of patients	837	782	709	547
No. of attendances	2056	1974	2167	1904
(2) <i>By Midwives—</i>				
No. of sessions	221	220	343	308
No. of patients	649	878	684	476
No. of attendances	3505	2360	2574	2545

Particulars of examinations during 1952 at the two clinics are set out below :—

TABLE 2.

Ante-natal Sessions Conducted.	Public Health Department	St. Peter Street	TOTAL
(a) <i>By Medical Officers—</i>			
No. of sessions	141	39	180
No. of patients attended.....	325	222	547
No. of attendances	1609	295	1904
(b) <i>By Midwives—</i>			
No. of sessions	—	308	308
No. of patients attended.....	—	476	476
No. of attendances	—	2545	2545

TABLE 3.

Post-Natal Sessions Conducted	1949	1950	1951	1952
Number of Sessions	50	30	21	19
Number of Attendances	46	125	168	105
Number of Individuals	19	79	104	62
Number of Abnormal Cases.....	10	34	70	44
Number of Cases in which no abnormality was found.....	9	45	34	18

(c) A Consultant Physician conducts a fortnightly clinic at the Health Department for women referred from the routine ante-natal clinics for associated non-obstetric abnormality.

Attendances at this Clinic declined last year due to the Maternity Staff at Queen's Park Hospital referring their Ante-Natal cases to the Consultant Physician at the general medical " Follow-up Clinic " held at Queen's Park at the same time as one of their routine Ante-Natal Clinics. This practice, inconvenient to Physician and patient alike is to cease, and the latter are to be diverted to the Health Department Clinic.

TABLE 4.

Special Medical Clinic	1949	1950	1951	1952
Number of sessions	24	23	22	24
Number of new patients	78	83	70	36
Total attendances	120	133	114	66

I am indebted to Dr. A. L. McAdam for the following analysis of cases seen by him at the Medical Consultation Clinic for Ante-Natal cases during 1952 :

Number of Clinics held.....	24
Number of new cases.....	36
„ „ re-attendances.....	30

The following diagnoses were arrived at :

Mitral stenosis	7	Physiological 3rd sound	5
Functional systolic murmur	7	Mild Hyperthyroidism.....	1
Hypertension	1	Aortic incompetence.....	1
Mild Hypertension	1	Extra systoles	2
Mitral incompetence.....	1	Split 1st sound	1
Simple Goitre	1	Normal hearts	8

During the year all cases seen at the Clinic were successfully delivered.

A. L. McADAM.

(d) A consultant obstetrician conducts a fortnightly specialist clinic at the Health Office for referred cases ; particulars of this Clinic are appended.

TABLE 5.

	1950	1951	1952
Number of sessions	6	17	17
Number of new patients	16	36	47
Total attendances	18	41	58

(e) Mothers attending Authority-provided clinics are offered blood test for Kahn (followed by Wasserman, if necessary), Rh factor, haemoglobin, and referred as necessary to the Group Pathologist for such further examinations as cell count, blood sugar estimation, Pregnanliol test, etc.

Hogben tests are done at extra-borough laboratories.

The appended table covers the above examinations.

TABLE 6.

	1952		1951		1950			1949	
	+	—	+	—	+	—	Geno- type	+	—
Rh. Factor—Women	608	158	783	142	359	126	6	443	82
" Men	16	11	27	7	34	6	—	37	6
Kahn Test —Women	10	665	10	905	2	456	—	8	517
" Men	—	27	—	34	—	40	—	—	43
Basal Metabolic Rates	—		9			12		Records not available.	
Pregnandiol Tests	—		—			5			
Sugar Tolerance	4		8			—			
Full Blood Counts	52		57			—			
Hogben Tests	7		—			—			
Referred to Chest Clinic	4		8			10			
" E.N.T.† Clinic	—		1			7			
" Venereal Diseases									
Clinic	13		5			12			
" Heart Clinic	20		7			15			
" X-ray Clinic	45		45			36			
" Obstetrician	47		15			10			

† Ear, Nose and Throat Clinic.

(f) We appreciate that every woman should have one, or better still, two chest radiograms during pregnancy. As yet this has not been done but when a Watson camera is shortly installed at the Royal Infirmary the Consultant Physician will co-operate to this end.

(g) The Authority's Physiotherapist (who has done a post-graduate course in relaxation exercises at a large maternity hospital) has, since 1948, dealt with 1037 expectant or post-natal mothers with an aggregate of 8043 attendances.

All primipara and mothers with a previous history of difficult labour are advised to have these exercises which are also available for "multips" who so wish.

The "Ante-natals" (who attend from about the fifth month to within a fortnight of expected confinement) have accompanying ultra-violet irradiation and instruction in using the gas-air analgesia apparatus. The combined course is of undoubted value to, and appreciated by, those who receive it.

The object of post-natal exercises is the reverse of the ante-natal relaxation classes and aims at the tightening up of structures loosened or otherwise damaged during the processes of pregnancy and parturition. It includes, for cases of severe muscular weakness or urinary incontinence, surging faradism.

During 1952. 248 patients made 874 attendances at both the ante-natal and post-natal exercises clinics.

(h) No specific mothercraft training is given, a subject which we consider can best be "put over" informally by the Health Visitors in the course of their routine work.

(i) Approximately 30-35 free maternity outfits are issued each month through the Health Office.

(j) Mothers (maritally) and children (congenitally) infected with venereal disease are treated by the Consultant Venereologist (to whom I am indebted for the appended particulars covering 1952) at his weekly clinic in the Health Department :

				<i>Male</i>		<i>Female</i>
Total number of new cases	...	...	...	8	...	26
Attendances to see Medical Officer	...	...	...	48	...	384
Attendances for intermediate treatment	...	...	...	—	...	150

The eight male cases were babies born while the mother was having anti-syphilitic treatment. None of them showed evidence of congenital infection."

(k) Section 28 services and the short-term reception of infants of pregnant or nursing women into one or other of the Day Nurseries are readily available.

(l) The above facilities are available for all mothers married or not.

The unmarried mother is additionally provided for through the Diocesan Moral Welfare Association whose Worker helps in the domiciliary and social welfare of the unmarried mother and child and notifies the Department of all cases in potential need of institutional care either at the Blackburn Diocesan, or some other, Hostel. The receiving Hostels are reimbursed 90% of the maintenance charges of approved Blackburn cases, less any contributions made by the mothers, subject to a maximum period of twelve weeks maintenance unless longer is required on medical grounds.

During 1952, the Authority so subsidised six Blackburn cases.

(m) Our maternal care arrangements are complete. Their one drawback is the inconvenience of the "cramped" Ante-Natal Clinic.

Five years ago the Health Committee recommended a semi-permanent addition to the Department to house the Ante-Natal Clinic, Day Nursery and "After Care" administration, and the health visitor/school nursing staff. This addition will also relieve congestion in other branches of the Health Department.

The proposal, after much tribulation, has at last received the Civic Development Committee's blessing and should shortly take material shape.

(ii) **Child Welfare.**

(a) Twenty-nine sessions are held per fortnight at 10 Child Welfare Centres, housed in makeshift premises, *e.g.* church halls, clubs, etc., which offer no opportunity for lectures, demonstrations and social events for the mothers, all essential parts of child health.

Table 7 of this Appendix shows particulars of attendances at Child Welfare Centres during 1952.

(b) The Authority's seven day nurseries provide 311 places and are amply adequate for local needs.

As an eighth Day Nursery provided by the Authority proved redundant it has not been used for its intended purpose but will shortly open as an Occupation Centre for Mental Defectives.

Three of the buildings are of standard prefabricated type, three are converted dwellings. One of the latter (Church Hill House) is fully satisfactory but the others waste more staff and time than do specially designed structures.

The seventh Day Nursery (Intack) is a prefabricated hut, originally used as a Nursery Class and passed to the Health Department by a wise Education Committee. Due to falling attendances and structural unsuitability the Health Committee have decided to close this Nursery.

The Nurseries have been singularly free of avoidable infections, due to the strictly enforced routine which includes the daily examination of each child arriving at the Nursery by the Matron or her Deputy.

Medical staff shortage has prevented our aim of a monthly medical examination of attending infants, and permits their inspection only at intervals of three or four months.

Following receipt of Ministry of Health Circular 23/52 the nursery charge, then 2'9 per child per day, was increased to one of four shillings.

An additional weekly charge of 1/- is made for each child conveyed to and from the Nursery by the "Nursery Van." I know of no other Authority which provides this facility which was started locally as a war-time measure on account of black-out difficulties and to occupy the full-time Civil Defence Ambulance personnel during "stand-by."

ATTENDANCES AT CHILD WELFARE CENTRE.

TABLE 7

	S. Peter St. (2 Sessions weekly)	Hozier Street (2 sessions weekly)	Russell Street	Kendal Street (2 sessions weekly)	Griffin	Cornelian St. (2 sessions weekly)	Bentham Street	Lower Darwen	Longshaw	Newton St. (2 sessions weekly)	
INFANTS—											
New cases under 1 year	158	175	108	225	132	123	71	35	87	114	1
No. of re-attendances	3142	3325	2277	3431	3027	2245	1564	322	1620	2880	23
New cases over 1 year	18	7	3	26	8	12	1	3	5	22	
No. of re-attendances	2486	1863	994	1263	1144	1696	913	267	948	1870	14
Attendances of Infants	5804	5370	3382	4945	4311	4076	2549	627	2660	4886	38
Consultations with Doctor	1045	915	469	1094	711	564	423	132	501	1792	
EXPECTANT MOTHERS											
No. of new cases	43	12	6	—	20	12	5	—	6	23	
No. of re-attendances	197	12	32	—	102	18	19	—	3	94	
Total Attendances of Expectant Mothers	240	24	38	—	122	30	24	—	9	117	
Total Attendances	6044	5394	3420	4945	4433	4106	2573	627	2669	5003	
Average Attendance of infants per session	59	55	69	53	88	42	54	27	53	48	47

* Total average attendance *each week* at all Centres.

Of the live births registered during the year, 1228 or 81.1% attended the Infant Consultation Centres.

PARTICULARS OF DAY NURSERIES.

TABLE 8

	St. Alban's Place	Holden House	Intack	Church Hill House	Albion Street	Stanciliffe Street	Lincoln Street	Total
Number of Approved places—								
0—2 years	20	7	—	8	8	8	8	59
2—5 years	40	24	30	34	40	40	44	252
	60	31	30	42	48	48	52	311
Number of Children on the Register at end of year—								
0—2 years	16	6	—	8	9	10	8	57
2—5 years	48	24	17	28	35	29	44	225
	64	30	17	36	44	39	52	282
Total Attendances during the year—								
0—2 years	2820	1221	—	1539	1784	1631	1501	10496
2—5 years	9519	4950	4840	6368	7166	5675	8731	47249
	12339	6171	4840	7907	8950	7306	10232	57745

(c) A nursery, with 41 places, specially built by the Laneashire Cotton Corporation at their Imperial Mill in 1949 closed at the end of 1952. As the Management co-operated well with the Health Department as regards medical and nursing arrangements I regret its closure.

(d) When the Regional Hospital Board appointed a Consultant Paediatrician for duty in the area it was hoped that he would conduct special clinics on behalf of the Authority. This has not proved possible on account of his heavy hospital commitments, but the pending expansion of consultant facilities may enable the Authority to arrange special Paediatric consultations at the Health Department which will be attended by members of the Authority's staff.

(e) The Consultant Services described in a previous Section of this Report (vide P. II para IV (b)). above are available for Child Welfare purposes, children being referred to them as necessary.

(f) As far as I know, no child clinics are held by general practitioners on their own premises.

(g) The Authority provides eye (including orthoptic), orthopaedic and ear, nose and throat, treatment for children under school age.

(h) Children in need of more specialised treatment than is possible locally are referred to out-of-borough hospitals.

Attendances of Pre-School Children at Special Clinics during 1952 :

					<i>Cases</i>		<i>Attendances</i>
Orthopaedic Clinic	...	...	...	...	59	...	847
Sunlight Clinic	...	...	...	...	77	...	651
Heart, Rheumatism and Anaemia Clinic	...			...	22	...	4
E.N.T. Clinic	...	...	...	...	5	...	6
Ophthalmic Clinic	...	...	...	...	21	...	52
Orthoptic Clinic...	...	...	...	...	9	...	54

(iii) Care of Premature Infants.

(a) Several of the Health Visitors and District Nurses have taken residential post-graduate courses in the care of premature infants. Electric Blankets, hot water bottles, additional bed clothes and premature feeding bottles are provided through the Health Department as necessary.

The Hospitals give prior notification of discharge of prematures or under-weight babies to enable adequate arrangements for home care.

(b) Bed provision for infants is locally unsatisfactory. This opinion, which I have held since I came to Blackburn twenty-five years ago, is shared by the consultant paediatrician, who has consented to my quoting his views, as follows :

“ In this area the hospital facilities for the infants in the maternity wards at Queen's Park are deplorable, to say the least. Facilities for premature infants are totally inadequate. The result is that we lose twice the number of premature infants that we should.

“ I should very much welcome your support in the efforts we are making to improve matters. We should have a premature baby unit in Queen's Park Hospital. If we had we could save about 18 or 20 neo-natal deaths per year in the area.

“ We should also have proper isolation facilities for full-term babies with, or without, the mother in Queen's Park Hospital. Until these facilities are available the neo-natal death rate in the area is bound to remain higher than it should.”

(iv) Supply of Dried Milks, etc.

Welfare foods and proprietary foods are available at Local Authority Ante-Natal, Post-Natal and Child Welfare Centres. Other foods, vitamin products, etc., are available when required for medical reasons.

(v) Dental Care.

Pregnant and nursing women are referred for dental inspection if the Clinic Medical Officer sees or suspects oral trouble.

This is an unsatisfactory arrangement forced by necessity. The ideal, to secure dental inspection of every woman as part of ante-natal routine on her first visit to the Clinic, is not possible as the dental staff may be engaged at the time on other duties in, or outside, the Health Office.

As the requirements of ante-natal cases do not justify the stand-by of a dental surgeon during ante-natal sessions mothers in need of examination are given appointments for a later date.

Not all these appointments are kept and some women escape the inspection which immediate reference from ante-natal to dental clinic would secure.

Dental inspection and treatment, if necessary, is also available for pre-school children.

Children over the age of two years and attending the Day Nurseries undergo routine dental inspection annually and are treated as necessary.

Our whole-time dental staff is one of three dental surgeons, which number, having regard to “slack” periods during school holidays, I regard as being adequate. For this reason, plus the shortage of accommodation at the Health Department, no steps have been taken to expand the service.

The appended tables give particulars of Dental Care afforded under Section 22 of the Act during 1952.

(a) Number provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	133	123	113	113
Children under five years old	676	260	249	249

(b) Forms of Dental Treatment provided :

	Extractions	Anaesthetics		Fillings	Sealings or Sealings and Gum Treatment	Silver Nitrate Dressings	Dressings	Radiographs	Referred for Dentures
		Local	General						
Expectant and Nursing Mothers	244	13	24	34	13	—	9	—	5
Children under five	356	120	58	48	2	13	26	—	—

(vi) Other Provisions.

Individual pregnant and nursing women and infants requiring any special form of care not mentioned in the foregoing notes are dealt with as “special cases.” The Health Committee give me a free hand in the matter and invariably support any action taken.

TABLE 9

FEEDING OF INFANTS UP TO SIX MONTHS OF AGE—

Condition at end of 6 months	Number of infants investigated	Breast fed entirely	BREAST FEEDING ALONE UP TO END OF						BREAST FEEDING JOINTLY WITH ARTIFICIAL UP TO END OF						Artificial fed entirely	Not fed
			3 weeks	1st month	2nd month	3rd month	4th month	5th month	1st month	2nd month	3rd month	4th month	5th month	6th month		
Satisfactory	1501	352	84	100	98	125	59	80	64	49	44	43	20	18	365	—
Fairly Satisfactory	32	—	2	6	1	—	—	—	—	—	—	—	—	—	23	—
Unsatisfactory ...	9	—	7	—	—	—	—	—	—	—	—	—	—	—	2	—
Dead	25	1	2	—	—	—	—	—	—	1	—	—	—	—	3	18
	1567	353	95	106	99	125	59	80	64	50	44	43	20	18	393	18

VI. DOMICILIARY MIDWIFERY.

(a) From the appointed day until June, 1950 (when the Local Authority assumed direct administration of the service), the District Nursing Association acted as the Council's agents for domiciliary midwifery under Section 23 of the Act.

The Authority's original proposals provided for an establishment of 10 full-time midwives (including administrative staff), plus 6 or 7 pupils. This establishment, due to a falling birth-rate and additional beds provided at Bull Hill, and Bramley Meade Hospitals, has proved over-generous and is being adjusted as opportunity offers.

Six of the midwives reside at the District Nurses' home and the remaining four, who cover outlying areas, operate from their own homes.

The Superintendent Queen's Nurse superintends the domiciliary midwives and is non-medical supervisor of midwives. I am the medical supervisor. As there are no independent midwives practising in the area and as the midwives employed in the Local Hospitals are under the day-to-day supervision of specialist obstetricians, our supervisory duties under Section 23 are nominal.

The majority of the domiciliary nurses are also midwives, a fact which makes the service fluid and facilitates relief for holiday, off-duty, sickness, etc.

(b) Pethidine is issued by the Superintendent to the domiciliary midwives, 10 gas-air analgesia machines are available, and are taken to cases by "taxi" or Authority-owned vehicles by the Midwife. Of 2,533 "booked" cases dealt with by the service from the appointed day to December 31st, 1952, 1684 (66.5%) had gas-air analgesia. The figure for 1952 was 73.5%.

(c) The general practitioner obstetricians make full use of the domiciliary midwifery service. During 1949, 1950, 1951 and 1952, our midwives acted as maternity nurses to 224, 236, 213 and 236 cases respectively.

Particulars of work done by the midwifery service in 1952, are set out in the appended table :

No. of Confinements attended :

(i) as midwives	...	...	...	185
(ii) as maternity nurses	...	...	...	236

No. of cases in which Gas/Air was administered when acting :

(i) as midwives	...	...	...	116
(ii) as maternity nurses	...	...	...	214

No. of cases in which Pethidine was administered when acting :

(i) as midwives	...	...	...	23
(ii) as maternity nurses	...	...	...	68

(d) Applications for admission to maternity hospitals on social grounds are investigated by the Health Visitors who report on the social need (or otherwise) of the applicants.

This task, not a pleasant one, causes some women to regard the enquirer as a hostile "snooper" trying to deprive them of their entitlements under the Act. Such investigations should be the job of the Hospital Authorities concerned, not of the Health Departments.

There seems to be little need for "screening" of applicants, as there are more maternity beds in this Management Committee Group than can be filled. In fact, of 128 beds available, only 70% were occupied during 1952, many of them by women neither in social nor obstetric need. Some of this surplus could be better used for purposes connected with *e.g.* chronic sick, senile demented, mental deficiency, paediatrics, etc.

(e) Since 1949, eleven members of the Domiciliary Midwifery Staff have attended residential post-graduate courses varying in duration from 7 to 28 days. In addition, leave is readily granted for attendance at one or two-day conferences held at Liverpool, Manchester or other easily accessible centres.

(f) Queen's Park Hospital and Springfield Maternity Home are Part II Midwifery Training Schools, the district training being centered on the Domiciliary Nurses' Home, where there are generally five or six pupils in residence.

VII. HEALTH VISITING.

(a) The approved establishment is 17 Health Visitor/School Nurses, a figure which has never been attained. Actual establishment is normally in the region of 70 per cent.

The policy of the Council is to merge the Health Visiting/School Nursing Services and the combination is, on paper, now 90% complete.

The town is divided into 15 districts for the purposes of the merged services.

(b) In addition to their Section 22 and 24 duties, Blackburn Health Visitors follow up cases of chronic sick awaiting admission to hospital and others receiving services under Section 28 of the Act (prevention of illness, care and after-care).

An important part of the Health Visitor's work is (in co-operation with the Sanitary Inspectorial Department), enquiry into cases of infectious disease and obtaining specimens from contacts and suspect cases for bacteriological examination.

The Health Department is so organised that the Superintendent Health Visitor acts as an unofficial link between the domestic help, meals on wheels, mental health, domiciliary nursing and midwifery services. Although she is not in charge of the sub-departments mentioned, her contact with their heads promotes orderly concentration of effort and cuts wasted time.

(c) The Hospital Almoner's Department notifies the Health Office of cases to be discharged from hospital and likely to need the services of a Health Visitor on return home.

There is no hard and fast scheme to link up the health visiting services with the work of the local general medical practitioners and with that of the local hospitals, liaison being maintained on broad and commonsense lines by the exchange of information between the three parties concerned.

(d) The Authority's Bursary Scheme for the training of Student-Health Visitors, instituted in 1949, provides for the payment of training fees plus three-quarters of the appropriate health visitor's salary to selected candidates who undertake to serve the Authority for two years on completion of the course. This scheme applies to intending health visitors and also to domiciliary nurses employed by the Authority who wish to broaden their experience without committing themselves to a Health Visiting career.

Since the Bursary Scheme was started the Authority has subsidized 14 trainees.

Certain students attending the Health Visitors' Course conducted by the Queen's Institute of District Nursing at Bolton attend the Blackburn Health Department for training.

(e) Each of the Authority's Health Visitor/School Nurses attends every four or five years one or other of the residential courses organized by the Women Public Health Officers' Association or the Royal College of Nursing.

Expenses incurred are borne by the Authority. In addition, the Health Visitors are readily granted leave of absence to attend meetings in the vicinity if the matters to be discussed are likely to further the Department's activities.

(f) The appended Tables set out particulars of the Health Visitors' activities during 1952.

	Suppl. Health Visitor	Dist. I.	Dist. II.	Dist. III.	Dist. IV.	Dist. V.	Dist. VI.	Dist. VII.	Dist. VIII.	Dist. IX.	Dist. X.	Dist. XI.	Dist. XII.	Dist. XIII.	Dist. XIV.	Total
Visits to Expect't Mothers																
First Visits ...	—	33	7	18	7	—	—	3	—	5	2	—	3	3	—	81
Re-visits ...	—	3	4	7	—	—	—	2	—	—	2	—	5	—	—	23
Infants under 1 year—																
First Visits ...	—	170	224	118	133	209	76	226	100	169	240	50	60	45	—	1,820
Re-visits ...	10	471	849	554	599	1353	802	958	613	985	1,408	510	253	202	—	9,567
Infants aged 1 year ...	6	196	462	352	282	826	406	399	291	305	972	381	173	155	—	5,206
Children 2—5 years ...	7	467	204	955	400	689	330	253	491	215	527	293	104	384	—	5,319
Opthalmia-Neonatorum—																
First Visits ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Re-visits ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Diarrhoea—																
First Visits ...	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
Re-visits ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Still Births ...	—	7	1	3	6	7	—	4	3	—	1	1	—	1	—	34
Minor Infectious Diseases	42	195	67	79	77	137	28	217	54	—	86	30	9	4	—	1,025
Puerperal Fever Visits	—	2	—	—	7	2	—	2	—	—	—	—	—	3	—	16
Houses where deaths of infants occurred ...	—	2	—	2	3	6	—	—	—	—	—	—	—	—	—	13
Miscellaneous Visits ...	331	292	43	74	115	222	15	6	15	2	1	61	17	—	158	1,352
TOTALS ...	396	1,840	1,861	2,162	1,629	3,451	1,657	2,973	1,567	1,681	3,239	1,326	624	797	158	24,461

TABLE 11.
CLINIC SESSIONS ATTENDED.

	Supt. Health Visitor	Dist. I.	Dist. II.	Dist. III.	Dist. IV.	Dist. V.	Dist. VI.	Dist. VII.	Dist. VIII.	Dist. IX.	Dist. X.	Dist. XI.	Dist. XII.	Dist. XIII.	Dist. XIV.	Total
Maternity and Child																
Welfare Clinics ...	1	75	76	83	80	74	36	98	37	73	89	28	30	20	-	800
Ante-Natal Clinics ...	151	38	12	16	9	5	4	13	10	9	9	8	3	3	12	302
Special V.D. Clinics ...	41	27	27	4	-	-	-	-	-	-	-	-	-	-	-	99
Other Clinics ...	-	-	-	1	1	-	-	1	-	1	2	1	1	-	-	8
TOTALS ...	193	140	115	104	90	79	40	112	47	83	100	37	34	23	12	1209
Total Houses visited ...	9	1445	1765	1494	1384	2768	1311	2137	1346	1662	2025	1230	476	668	-	19,720
Total Persons visited ...	12	1867	1280	2015	1403	2478	1532	2159	1545	1478	2548	1103	590	795	-	20,805

VIII. HOME NURSING.

(a) From the appointed day until July, 1950 (when the Authority assumed direct administration of the domiciliary nursing service) the Nursing Association acted as the Authority's agents.

(b) Our approved proposals under Section 25 provided for 30 nurses (including the administrative staff). This number, proving generous, has since been cut to 25½, an establishment which will be adequate except in times of undue sickness when it could be augmented by available part-time nurses. The sick will not suffer as a result.

Following the winding-up of the old District Nursing Association their Committee presented the St. Peter Street premises to the Corporation. This fine gift has been commemorated by an inscribed bronze plaque in the home.

The home can accommodate 31 nurses of which number 24 are in residence the remainder living out.

(c) The now defunct District Nursing Association was capable, financially and administratively, of giving a high standard of service. Blackburn, therefore, is very " District Nurse conscious " and makes heavy demands upon the service which is now just as efficient and comprehensive as it was before the appointed day.

(d) An all night service is provided in as much as a nurse is available for emergency duty if called upon.

No provision is made, unless under the most exceptional circumstances, for a nurse to be in whole-night attendance upon a case.

(e) The District Nurses' Home is a Queen's Institute key-training school, and generally has two or three Queen's Nurse students in residence.

(f) Two or three of the domiciliary nurses attend one or other of the Queen's Institute residential courses every year, their expenses being borne by the Authority.

Nurses are readily granted leave and expenses to attend short conferences or day meetings held in reasonable proximity to Blackburn.

(g) The appended Tables set out particulars of the work done and classify the main types of cases attended during the year.

TABLE 12.

Cases outstanding on 1st January, 1952	...	...	488
New Cases	...	...	2782
Number of visits	...	...	76080
Cases outstanding on 31st December, 1952	...	...	495

TABLE 13.

Type of Case	Number of	
	Cases	Visits
Medical	2143	52659
Surgical	921	21441
Infectious Disease	1	4
Tuberculosis	41	1326
Maternal Complications	23	353
Others	141	297
	3207	76080
Patients included in the above who were over 65 at the time of the first visit	1167	38525
Children included in the above who were under 5 years of age at the time of first visit	231	2017

IX. VACCINATION AND IMMUNISATION.

(a) The vaccination state of this, as of most districts, is low, although the advisability of vaccination is pointed out by the Health Visitors during the course of their routine home visits and clinic duties. The sole form of propaganda, undesirable though it would be, likely to "deliver the goods," would be the appearance of smallpox in our midst.

TABLE 14.
VACCINATIONS BETWEEN 1948 AND 1952.

Age Group	1948 (before July 5th)	1948 (after July 5th)	1949	1950	1951	1952
Under 1 year ...	255	173	291	404	328	275
„ 1 year		6	3	16	22	19
„ 2 years		3	2	19	8	11
„ 3 years		2	2	12	5	10
„ 4 years		—	3	18	4	5
5—14 years		—	12	4	25	28
15 and over		271	115	453	265	430
TOTALS ...	255	455	428	926	657	778

(b) Diphtheria Immunisation largely sells itself, although the virtual disappearance of the disease may lead to apathy amongst the younger generation who have no recollection of its dangers.

Immunisation is strenuously advocated by the Health Visitors and Assistant Medical Officers with the object of protecting the maximum number of children as soon as possible after the eighth month. Their efforts result in the treatment of approximately twenty-five per cent of infants under the age of twelve months.

Birthday cards are sent to all children on reaching the age of one year, and diphtheria immunisation is further pushed by the Authority's annual participation in the national publicity campaign.

(c) Local response remains only fair amongst the "under fives" though the corresponding figure in the 5-15 age group is good. The population figures for 1952 are not yet available, but the corresponding figures for 1951 were 57.1% and 94.7% respectively.*

As regards the former group, the response is, comparatively speaking, low, due to the fact that many mothers delay protection until their children reach school-age, mainly on the grounds that the injections are likely to cause greater upset in the younger than the older age-groups.

(d) "Boosting" injections are urged of children immunised in infancy, at the beginning of their school careers, at the age of ten, and, finally, as school "leavers." During 1952, 1,781 children previously immunised were thus re-inforced. Immunisation is available at general practitioners' surgeries, at all Child Welfare Centres, at a special weekly session in the department, in schools and by members of the Health Department who take the prophylactic to the homes of "wobblers."

I feel that we have reached a peak immunity figure, and that those not as yet protected are a hard core which no amount of advice will soften.

(e) On advice given by the Chief Medical Officer to the Ministry in 1950, we discontinued use of the combined pertussis-diphtheria antigen in our clinics. This has led to a decline in the number immunised against whooping-cough, as many mothers, whilst willing to have their children immunised against both diseases by a single course of injections, disfavour the inconvenience of two separate courses of injections.

Although we offer *separate* injections for both diseases, if a mother is at all hesitant we advise her to give first preference to diphtheria and to defer whooping cough prevention to a later date.

* The population figures for 1952, since published, show the following immunisation rates: 0-4—64.6%; 5-15—90.5%.

Immunisation against the latter disease is offered at the sixth month, and, during 1952, 398 children were treated.

TABLE 15.
WHOOPIING COUGH IMMUNISATION.

Age	1950	1951	1952
Under 1 year	374	67	92
1 year	137	237	245
2 years	23	35	42
3 years	11	9	11
4 years	10	4	2
Over 4	10	9	6
TOTALS	565	361	398

TABLE 16.
DIPHTHERIA IMMUNISATION.
TREATMENTS COMPLETED EACH YEAR FROM 1941 TO 1952.

Age in years on 31st December of corres- ponding year.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
1	284	543	762	667	930	866	959	1237	1030	1016	1087	989
2	205	306	187	145	136	108	157	77	78	73	80	61
3	296	330	174	57	76	80	48	48	125	71	35	41
4	418	382	212	101	117	113	150	103	40	64	52	74
5	599	256	215	106	160	106	123	91	24	155	96	131
6	583	168	187	100	130	86	155	77	45	55	92	132
7	503	127	115	78	125	116	117	70	30	49	76	89
8	500	97	128	71	120	85	106	68	20	28	56	89
9	550	87	118	79	113	77	103	77	15	19	32	58
10	484	73	99	71	127	59	89	61	9	18	34	65
11	462	47	58	31	113	57	72	52	32	14	31	49
12	536	26	33	24	159	49	76	9	24	12	12	35
13	399	20	36	33	148	35	58	8	35	8	13	55
14	96	...	11	5	64	8	31	10	24	11	6	55
15+	116	...	...	3	...	...	4	...	4	...	...	—
TOTAL...	6031	2462	2335	1571	2518	1845	2248	1988	1535	1593	1702	1920

TABLE 17.

DIPHTHERIA IMMUNISATION.

Treatments completed during 1952.

Age.	Number completed in 1952.	Number completed prior to 1952.	Number immunised to end of 1952.	
Under 1	614	—	614	Population 0—4 7,800 (64·6%)
1	375	572	947	
2	61	1208	1269	
3	41	1152	1193	
4	74	943	1017	
	1165	3875	5040	
Children 5 to 15.				
5	131	884	1015	Population 5—15 14,000 (90·5%)
6	132	1225	1357	
7	86	1266	1352	
8	89	1268	1357	
9	58	1086	1144	
10	65	1236	1301	
11	49	1175	1224	
12	35	1229	1264	
13	55	1225	1280	
14	55	1315	1370	
	755	11909	12664	
Total ... Ages 1-15	1920	15784	17704	

In addition to the children included in this table 1,781 children who had been previously immunised received re-inforcing injections.

X. AMBULANCE SERVICE.

(a) The fleet comprises 10 ambulances, one sitting ease ear and 28 personnel. The service is administered directly by the Health Department.

The appended table summarizes ambulance running during each of the years 1949-1952 inclusive.

		No. of Patients Carried		Mileage	
		Ambulances	Cars	Ambulances	Cars
1949	...	20455	560	107382	16034
1950	...	20786	342	120739	13400
1951	...	21703	429	114275	13117
1952	...	22209	533	108132	13956

(b) When the Ambulance Service was first taken over, obvious abuses were soon cut out.

(c) Next, a close method of requisitioning confined Authority-provided transport to cases in need. It works well, and, when a "slip-up" does occur, the human element, not the administrative system, is at fault.

General practitioners, Hospitals, and the Executive Council have co-operated well in reducing unnecessary use.

(d) The hospitals notify the Ambulance Station Officer each evening of the following day's discharges to enable arrangement of pick-up and routes and the prevention of duplicated runs.

(e) The ambulance need of "discharges" and out-patients is "screened" by a responsible member of the hospital staff who signs the appropriate requisitions. Light-hearted ordering of ambulances (common in the early days) occurs only when the procedure, agreed between the Health Department and Hospitals, is ignored.

There is, however, much time wasted at hospitals on reception and discharge of patients as shortage of hospital porters and orderlies compels the ambulance staff to "hump" patients to and from the wards. As much time may be wasted in finding porters, stretchers, etc., it is often quicker for the ambulance men to carry the patients (though not their job) than to wait the convenience of the hospital.

At certain out of borough hospitals ambulances are held up for considerable periods whilst their passengers have, *e.g.*, deep X-ray, or radium therapy, delays which will be inevitable until these facilities are provided locally. This would enable the ambulances to do other duties during the treatment period instead of waiting, as they do now, until the patients are ready to return.

Another instance of lost time (capable perhaps of some adjustment by the hospital concerned) is that at a highly specialised out-of-borough out-patient department.' Here the ambulances sometimes wait a matter of three hours (and cannot be re-routed in the interval due to distance from Blackburn) and the round trip often immobilises a vehicle for as much as seven hours.

The above examples (and there are others) of "dead time" approximate to half an ambulance and its crew, and an annual wage expenditure of approximately £300. This sum applied to the country as a whole, is far from being insignificant.

(f) Arrangements for long journeys are made (unless an ambulance is essential) with the British Railways, with intermediate pick-up by ambulances of another Authority if required. We have thus transported patients to *e.g.*, Edinburgh, the South-East Coast and other distant places.

(g) Reduction of ambulance running and expenditure may well become more difficult than it is now, as the ever-growing hospital and consultant facilities provide more out-patient sessions, attendances, and a quicker bed turn-over, with consequently heavier demand upon the ambulance service.

(h) The Blackburn ambulance service is unsatisfactory solely because :

(i) Inadequate Depot accommodation requires a proportion of the vehicles to stand without protection from the weather for considerable periods of the day. This both shortens their life and prevents smart turn-out.

(ii) The site of the Depot, remote from the four local hospitals which it serves, from trunk-roads, and approached through the rough back streets of a congested area, wastes time and mileage.

The Committee is alive to these shortcomings but has not been able to find a solution, namely, the provision of a Depot strategically sited for hospitals, main roads, and, at the same time, offering heated garage and staff accommodation, the latter with reasonable facilities for the staff on "stand by."

(i) No new types of equipment have been brought into service. Three years ago the installation of a tele-communication system on two or three vehicles was recommended as an experiment, and was turned down by the Finance Committee. This system would save some running, though it is less essential here than in a scattered community.

The Committee now feel that first financial preference should be the provision of a suitable Depot and the speedier replacement of obsolescent vehicles.

Replacement is at the rate of two per year, low enough, but accepted by the Committee purely on financial grounds.

At the end of 1952, there were eleven vehicles, (ten ambulances and one car), in use by the Service.

XI. PREVENTION, CARE AND AFTER-CARE.

(1) Tuberculosis.

(a) Co-operation with the staff of the Chest Clinie is close, and the Consultant Physician and myself meet regularly to discuss affairs of common concern. The former is equally keen on the preventive and clinical aspects of the service. We pool our information and resources, with consequent smooth and happy working.

A second Consultant (S.H.M.O. grade) recently appointed for service in Blackburn is to give 1/11-th of his time to "prevention" in association with the Health Department. He will be of material help both on the clinical and preventive sides.

(b) During 1951, a Mass Miniature Radiography Unit did a limited survey of Corporation staff (school teachers, day nursery workers, health visitors, etc.) in official contact with school and pre-school children. The survey was also open to school-leavers.

Particulars of the Survey are set out below :—

NUMBER OF PERSONS EXAMINED AND DETAILS OF RECALLS :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number Examined :			
Blackburn County Borough Staff.....	66	152	218
Blackburn County Borough School-Leavers	104	176	280
TOTALS	170	328	498
Recalled for Large Films :			
Blackburn County Borough Staff.....	2	10	12
Blackburn County Borough School-Leavers.....	—	6	6
TOTALS	2	16	18

FINDINGS FOR BLACKBURN COUNTY BOROUGH CASES :—

<i>Diagnosis</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Active pulmonary tuberculosis.....	—	1	1
Inactive, primary pulmonary tuberculosis.....	—	1†	1
Inactive post-primary pulmonary tuberculosis.....	2	8	10
Bony abnormalities	1	1†	2
Chronic Bronchitis	—	2† 1 }	3
TOTALS	3	14	17

† School-Leavers.

(c) In October, 1952, two Mass Miniature Radiography Units, one mobile for service at convenient centres, and the other "fixed" in a central area of the town, arrived in the Borough. A third Unit is expected to arrive this month and the three units will operate until April.

The appended table records the findings from the opening date until December 31st, 1952.*

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Miniature films taken up to 31st December, 1952	5786	5414	11200
Number of persons recalled for large films.....	198	167	365
Number of persons recalled for interview or clinical examination.....	136	121	257
Number of general public attending.....	1057	1733	2790

(d) Particulars of Tuberculin-testing done through the Chest Clinic are set out below :—

	1950		1951		1952	
	Contacts	Others	Contacts	Others	Contacts	Others
No. tested	5	...	93	2	86	25
Positive ...	4	...	45	2	39	20
Negative ...	1	...	48	...	47	5
Vaccinated	1	...	34	...	47	1

The Health Committee recently approved a scheme for the tuberculin jelly-testing (with further investigation if necessary), of school entrants with the prime object of tracing familial infection.

This scheme, if approved by the Education Committee and the Central Government Departments concerned, will be implemented during the coming financial year.

(e) A diversional therapy class as part of the tuberculosis "after-care" scheme, was begun in 1950. As the initial enthusiasm of the attenders faded the scheme proved disappointing and was discontinued.

(f) The housing of both open cases of tuberculosis and also of closed cases discharged from sanatoria with a good prognosis, to sub-standard or overcrowded homes presents difficulty.

The Chest Clinic and Health Department keep in close touch on this question and a degree of housing priority is granted by the Estates and Housing Committee to cases recommended.

* At the end of the survey 32,958 Blackburn residents had passed through the units.

(g) The Health Committee subsidise rehabilitation of cases recommended by the Chest Physieian to such centres as Preston Hall, Barrowmore and Enham-Alamein.

(h) During 1952, the Tuberculosis Health Visitor made the following visits to Blackburn patients and contaets :

New Cases	...	...	116	New Contacts	...	...	290
Old Cases	...	...	338	Old Contacts	...	...	397
Total Visits : 1141.							

Five hundred and ninety six new patients were dealt with at the Chest Clinic during the year ; these patients made 2,910 attendances at the 256 sessions which were held.

Table 18 of this Appendix sets out details of the work carried out at the Chest Clinics during the year.

TABLE 18.

RETURN FOR YEAR ENDING 31ST DECEMBER, 1952.

CLINIC WORK PERFORMED AT THE DISPENSARY.

	Respiratory			Non-Respiratory			Totals			Grand Totals
	M	W	Ch.	M	W	Ch.	M	W	Ch.	
A. (1) Number of notified cases of Tb. on clinic registers on 1st JANUARY, 1952 ...	216	153	18	26	27	48	242	181	66	489
(2) Transfers from clinics under other H.M.C.'s or B.G.'s during the year ...	3	3	-	-	-	-	3	3	-	6
(3) Cases lost sight of which returned to clinic during the year ...	-	-	-	-	-	-	-	-	-	-
B. Number of NEW CASES diagnosed as tuberculous during the year—Tb. MINUS ...	21	16	6	-	-	-	21	16	6	43
Tb. PLUS ...	28	11	-	-	-	-	28	11	-	39
C. Number of cases in A and B written off clinic registers during the year :—	6	7	-	1	2	2	7	9	2	18
(1) Recovered ...	24	7	1	-	-	-	24	7	1	32
(2) Died (all causes) ...	9	9	-	2	-	-	11	9	-	20
(3) Removed to other H.M.C. or B.G. clinics ...	-	-	1	-	-	-	-	-	1	1
(4) Other reasons ...	-	-	-	-	-	-	-	-	-	-
D. (1) Number of notified cases of Tb. on clinic registers on 31st DECEMBER, 1952 ...	229	160	22	23	25	46	252	186	68	506
(2) Number of above known to have had positive sputum within preceding six months ...	19	10	1	-	-	-	19	10	1	30
E. (a) Number of persons first examined during the year ...	243	223	169	-	-	-	243	223	169	635
(b) Number of those in (a) who attended as tuberculous ...	1	1	-	-	-	-	1	1	-	2
Contacts and who were :—	24	44	112	-	-	-	24	44	112	180
(1) Diagnosed as tuberculous ...	2	2	-	-	-	-	2	2	-	4
(2) Not tuberculous ...	-	-	-	-	-	-	-	-	-	-
(3) Not determined (as at 31st December, 1952) ...	-	-	-	-	-	-	-	-	-	-
F. NUMBER OF PATIENTS ON CLINIC REGISTERS AWAITING ADMISSION TO TB. INSTITUTION ...	6	-	-	-	-	-	6	-	-	6

(2) Illness Generally.

(a) During 1952, 21 persons received a total of 48 weeks recuperative rest at a gross cost to the Authority of £135 ; of this sum £49 was recovered from the recipients. The number of applications not accepted was one hundred and twelve.

Admissions were made to the following homes :

Blackburn & District Convalescent Home, St. Annes-on-Sea	17
Ormerod Home for Children, St. Annes-on-Sea	3
St. Joseph's Home for Children, Freshfield	1
	<hr/>
	21

When this provision first became part of the Section 28 services it was regarded by many as the means of a cheap holiday. The Health Committee took quick action to restrict it to cases of medical need such as, *inter alia*, (1) mothers debilitated as a result of home ties, multiple and frequent pregnancies, etc. ; (2) convalescent infants and school children ; (3) convalescents needing recuperative rest to enable speedier return to gainful occupation.

Other applicants considered deserving are sympathetically dealt with by the Personal Service League.

(b) It took little time to decide that " care " and " after-care " functions needed close co-ordination if overlapping were to be prevented even within the Health Department. This was done by setting up a small Departmental " Discussion Group " consisting of those likely to be concerned (*e.g.* The Superintendent Health Visitor, Home Help and Meals organiser, Mental Welfare Visitor, Chief Sanitary Inspector) at working level with the environmental side of the work.

From their informal discussions emerged an After-Care Liaison Committee representing the Health and Welfare Services Departments, the Hospital Group Staff, the Chest Clinic, Personal Service Society and the Diocesan Council for Moral Welfare. Membership of the Committee, which meets under the Chairmanship of the Hospital Almoner and has as its Secretary/Convenor the Chief Clerk of this Department, is confined to those who visit the homes of, or otherwise come into working contact with, Section 28 cases.

The Committee, which first met frequently but now does so only as occasion requires, have made many recommendations subsequently adopted at Departmental and Health Committee levels, and have achieved their objective, namely, the pooling of effort, solution of day-to-day difficulties and the prevention of petty rivalry.

(c) The comparable aims of Section 28 of the Health Act and Section 29 of the National Assistance Act create anomalies. The former applies to "persons suffering from illness" and the latter to, *inter alia*, persons "substantially and permanently handicapped by illness." Where is the line of demarcation between these two groups?

For instance a person suffering from some incurable and handicapping complaint such as malignancy or a disabling lesion of the central nervous system appears to be covered by both Acts, though common sense dictates that he should be dealt with primarily as a Health Act case with some "welfare" in the form of social visits and the provision of recreational amenity.

The care of the aged is also a difficult matter for, amongst other reasons, the overlap of the two Acts. Many old persons alternate between periods of mobility and comparative fitness and confinement to bed. Up and about one week, bed-ridden the next, tended, according to their condition at the time, under the provisions of the Health or Assistance Acts.

Cases such as these are of more than academic interest as they raise difficulty in fixing responsibility, particularly so where the services available under the two Acts are administered by different departments.

The solution appears to lie in a partial consolidation of the Welfare Services section of the National Assistance Act within Section 28 of the Health Act.

(d) A heavy strain is put upon the Health Visiting, After-Care, Domestic Help and Home Nursing services by the shortage of hospital beds for the aged sick of whom sixty-nine (Blackburn residents) were on the Queen's Park waiting list at the end of 1952.

Particulars of cases awaiting admission are referred from the Hospital for social need assessment by the Department's Health Visitors who last year paid 452 visits for the purpose. Depending upon the Health Visitors' reports the cases are graded "A", "B", "C" or "D" by the Health Department in order of social urgency. These gradings are subsequently scrutinized by the Hospital authorities with regard to medical urgency and bed states. As a result of this scrutiny, cases which *we* put in category "A" may be downgraded, and, even if they stay in our recommended group, may wait anything up to eight months for admission.

In the meantime the cases are followed up by the Health Visitors and many are also provided with domestic help, home meals, domiciliary nursing, sick-room equipment, etc., at no inconsiderable cost either to the authority or the recipients.

The Local Hospital Management Committee, fully alive to the urgency of the situation, have submitted proposals to the Regional Board for the adaptation of Clitheroe Hospital for chronic sick cases. It is, however, extremely unlikely that the work will be put in hand during the present financial year.

The completed scheme, which will furnish 38 additional beds, may give little immediate relief and serve only to reveal a reservoir of chronic sick not hitherto recommended for admission on account of the known bed-shortage.

The extra beds, even when available, will be severely taxed due to the increasing proportion of aged persons in the community, and the irresponsible attitude of certain sons, daughters, brothers and sisters, towards aged relatives. Frequently able-bodied persons though living in the same street or household as an aged relative and capable of providing him, at some inconvenience perhaps, with adequate domestic care, press for hospital admission.

A refreshing contrast is the large number of worthy people who, with real Northern kindness and independence persevere in serving the wants of aged, difficult and incontinent relatives, until breaking point is reached.

(e) At the end of 1951, sixty-two persons were being provided with meals under Section 28 of the Act. During 1952, sixty-three new cases were taken on and seventy-four were discontinued. Eight thousand and thirty-six meals were delivered during the year, an average of thirty-two meals per day.

(f) Articles of equipment are loaned from the depot adjoining the District Nurses' Home in St. Peter Street.

On the whole the users treat the loaned articles with care and cases of improper usage were rare in the extreme.

During the year, 973 items of equipment were loaned, fees of £131 8s. 4d. being paid in this respect. Articles to the value of £12 12s. 3d. were also sold outright.

Details of loans were as follows :—

Bed Pans	209	Air Cushions	17
Male Urinals	87	Air Rings	216
Female Urinals	5	Back Rests	167
Mackintosh Sheeting		Air Beds.....	10
(1½-yds.).....	221	Chairs	3
Bed Cages	29	Bed Tables	4
		Crutches	5

(g) Work under Section 28 is an involved business, even as regards the application of services available within the Health Department, *e.g.*, home nursing, health visiting, etc., to "Care and After-Care" purposes. Efficient application of this Section demands contact not only with other Corporation departments, but also with the local hospitals, general practitioner service, the National Assistance Board and a host of other organizations, official and voluntary, engaged in social or health work.

The Health Committee are alive to the possibilities of Section 28 work and with this in mind favour the appointment of a person to act as an intra-departmental Almoner, although their approval is not officially minuted.

I now feel that this proposal does not go far enough, but that the proposed appointment should be a wider one and in the nature of a "floater" and co-ordinator working between Health Department, hospitals, Chest Clinics, voluntary organizations, National Assistance Board, etc.

Whether it should be a joint one with the hospitals concerned is immaterial, provided that, as is the case here, there is goodwill and co-operation between the Health and Hospital Authorities.

In any event, work under Section 28 and its ancillary sections has now so developed as to justify the early appointment either of a qualified Almoner or, as they are in short supply, of someone with experience and interest in social science and public health work.

XII. DOMESTIC HELP.

(a) At the end of the year, 29 full-time and 14 part-time helps were employed. During the year, 302 persons had 66,913 hours domestic help, at an estimated gross cost for the *calendar* year of £10,000 (£1,600 recovered).

(b) Two courses of training covering the principles of home nursing, visits to the Chronic Sick Wards, invalid cookery, domestic and personal hygiene, each spread over eight weeks and involving 32 hours attendance have been given at the School of Domestic Science.

More should be held but the call for Domestic Helps makes it difficult to arrange a regular sequence of courses.

(c) Our cost per case (according to statistics compiled by the Treasurers' Associations and covering the financial year 1951-1952) are considerably higher than the average for other County Boroughs.

This is due to the long term care needed by the many aged sick who cannot, as they should, secure speedier admission to hospital.

(d) We have been unable to recruit home-helps from our existing staff for service in tuberculous households, in spite of wage weighting as an inducement.

Press advertisement for workers in this branch is, at the time of writing this report, bringing some response and I now feel hopeful of recruiting a small panel of "helps" for this important branch of the service.

(e) A much-needed want is a night "sitter-up" service to give simple assistance to bed-ridden persons living alone and who are unable to give themselves such elementary night-time care as they may need.

So far we have "drawn blank."

XIII. HEALTH EDUCATION.

(a) Clinic Medical Officers, Health Visitors, School Nurses, Sanitary Inspectors and the Domestic Help Organiser give health advice during the course of their routine work, perhaps the best way of doing the job. Their personal approach is supplemented by poster displays, press publicity and the distribution of leaflets through the schools, Maternity and Child Welfare Clinics, and other organisations.

(b) Advice about home accident prevention is covered by (a) above, plus the activities of the Council's Accident Prevention Committee.

No leaflets or posters are specially prepared for local use.

(c) The St. John Ambulance Association (the Health Department providing certain of the lecturers) ran a comprehensive course in food-handling during the year, with 57 attenders, followed by examination of those prepared to sit. Certificates were granted to 27 successful candidates.

A short course, with approximately 200 attenders, was run by the Health Department. A good proportion of the latter will enrol in the St. John Ambulance Association class on completion of this preliminary course.

XIV. MENTAL HEALTH.

(1) Administration.

(a) The service, administered by the Health Committee (through a standing sub-Committee, which meets monthly) is under the day-to-day supervision of the Deputy Medical Officer of Health, acting on my behalf and in close contact with me.

(b) The "outdoor staff" is one of two whole-time Duly Authorised Officers, a Mental Welfare Worker and a Clerk, the two latter acting as part-time Duly Authorised Officers.

Occupation Centre staff comprises a Supervisor (who holds the Diploma of Mental Health Occupation Centre Staffs), an Assistant and two students. One of the latter is now taking the course for the Diploma of Mental Health Occupation Staffs, and will be there followed by the second trainee assistant.

A Home Teacher, appointed in 1951, operates from the Centre.

(c) We keep in close touch with the Superintendents of local hospitals who advise us on doubtful cases and are helpful in arranging emergency admissions.

The lady Mental Welfare Worker attends the Psychiatric Clinic held at the Royal Infirmary and, when requested by the Hospitals, undertakes the after-care of persons discharged from Mental Hospitals and Institutions. The number of requests received is governed by the availability of hospital outdoor social workers at the time being.

Until the end of 1951 (when Brockhall Hospital appointed their own Social Worker) most mental defectives "on licence" were supervised by the Health Department. At the end of 1952, 10 "on licence" cases were on the register.

Only once during the last four years have we been asked to supervise any patient "on trial" from Mental Hospitals.

(d) No duties are now delegated to voluntary associations.

(e) Lack of accommodation has prevented training of Mental Health Workers (other than our own assistants) but, when the new Occupation Centre opens, this important branch of mental health work will be developed to the limit of the improved resources.

All those engaged in our Mental Health Service have attended "refresher" courses.

(2) Account of work undertaken in the community.

(a) SECTION 28, NATIONAL HEALTH SERVICE ACT.

The Mental Welfare Worker attends the Psychiatric Clinic at the local general hospital and follows up Blackburn attenders. During 1952, she paid 30 visits to 15 cases referred from the Clinic.

When cases, previously attending this Clinic and then under our Mental Welfare Worker's home care, are admitted to hospital, subsequent home visits for the purpose of interviewing relatives are done by a hospital visitor. This duality only confuses the relatives. As such visiting is essentially a Section 28 service, it should be left to the Health Authority whose visitors are more conversant with local home conditions and difficulties than are the Hospital visitors.

Until midsummer the Hospitals furnished medical histories of cases in need of "after-care" on discharge. This practice, helpful to Hospital and Health Authority alike, then ceased through a hyper-meticulous regard for "confidentiality of information" which has completely stultified domiciliary after-care work.

Little has been done as regards "prevention" by the Authority other than through the association of our Mental Welfare Worker with the Psychiatric Clinic, and the reference of children to the County Child Guidance Clinic as mentioned in page 10 of this report.

What more can a Local Authority do?

"Care and after-care" includes arrangement of holidays for approximately eight "licence" cases yearly, a Mental Health Worker escorting them to and from the place of holiday, and the temporary admission of defectives to Institutions during illness of the guardian, or to give, to him or her, a short holiday. This practice obtained unofficially before Ministry Circular 5/52.

Close touch is kept with the local Employment Exchange about placing the mentally disabled in suitable employment.

Children attending the Occupation Centre have a yearly Christmas party and, each summer, a coach trip to Fleetwood. Those unfit, by reason of graver mental incapacity or physical disability, to join Occupation Centre attenders in their festivities have a special Christmas party.

(b) WORK DONE UNDER LUNACY AND MENTAL TREATMENT ACTS.

The subjoined tables analyse the work done in 1952. Table 21 also summarizes that done in the previous four years.

TABLE 19.

	In Hospital		Admissions		Discharges		Others		Totals	
	F	M	F	M	F	M	F	M	F	M
n Mental Hospitals on 1/1/52 ...	235	127								
n Queen's Park Hospital on 1/1/52 ...	11	8								
Admitted to Mental Hospitals 1/1/52 to 31/12/52			48	41						
Section 1 ...			7	2						
" 5 ...			32	29						
" 16 ...										
Discharged 1/1/52 to 31/12/52					45	48				
Deceased 1/1/52 to 31/12/52					27	17				
Queen's Park under observation 31/12/52 ...							1	1		
Totals	In Hospital 1/1/52	246	135							
	Admissions			87	72			1	1	334 208
	Discharges					72	65			72 65
Hospital, 31/12/52 ...									262	143

TABLE 20.

Removals by Authorised Officers.

HOSPITAL.	Section 20		Section 21		Section 16		Sec. 1		Sec. 5	
	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
Queen's Park Hospital ...	40	40	24	37	23	21	10	9	3	1
Griffithingham	1	1	2	1	21	20	20	22	4	1
Wesham Park	1	1	—	—	—	—	—	—	—	—
Wurnley General	3	4	—	—	1	—	—	—	—	—
Worthes Hall	—	—	—	—	1	—	—	—	—	—
Wearoe Green.....	2	—	—	—	2	—	—	—	—	—
Wilton General	—	—	—	—	1	Transfer	—	—	—	—
TOTALS	47	46	26	3	49	41	30	31	7	2

TABLE 21. Statistics, Lunacy and Mental Treatment Acts, 1890-1930.

	1952			1951	1950	1949	1948
	Female	Male	Total	Total	Total	Total	Total
Patients known to be in-patients of Mental Hospitals on January 1st.	235	127	362	363	362	348	331*
In-patients Queen's Park Hospital on January 1st.	11	8	19	19	19	21	21*
Observation cases admitted under Section 20 and 21	73	84	157	166	142	136	65
Observation cases—							
Discharged not certifiable	42	27	69	48	65	60	29
Deceased whilst under observation	3	4	7	18	6	15	5
Under Observation at Whittingham, Burnley General & Queen's Park Hospitals on 31st December	1	1	2	6	3	...	...
Cases admitted to Mental Hospitals—							
(a) Section 16	48	41	89	94	69	61	25
(b) Voluntary	25	21	46	59	32	28	2
(c) Temporary	7	2	9	4	6	6	3
Voluntary cases admitted to Mental Hospitals by private arrangement	7	8	15	30	10	36	15
Discharged from Mental Hospitals	45	48	93	79	69	101	21
Deceased in Mental Hospitals	27	17	44	47	37	18	7
Cases investigated as Mental Illness but removed as sick persons	18	10	28	32	10	17	1
Visits up to December 31st							
Social History of Patient in Mental Hospital ... ..	...	...	...	1	25	42	...
Visits to Patients in connection with "After Care"	116	64	180	171	204	144	...
Visits to Reported Cases before removal to Mental Hospital	196	126	322	362	232	215	...
Visits to Cases other than of Mental Illness	38	21	69	129	101	79	...

The immediately preceding Table (21) shows that the number of cases dealt with as "Voluntary," has not increased more rapidly than have the certified cases. This is disappointing.

Shortage of Hospital beds has called for an increased number of visits by duly authorised officers/mental health staff to patients awaiting admission to hospital. This time could be better spent on other forms of community care.

The problem of the senile demented, many of whom fall between the three stools of age and infirmity, chronic sickness, and mental impairment, is particularly sad. Not certifiable, they are unsuitable for admission to Mental Hospitals, and their mental impairment shuts to them the doors of both chronic sick and Part III accommodation.

There is obvious need of some special form of institutional care, without any implication of "lunacy," for these cases. After all, the mental impairment of these old souls is essentially part of their general physical break-up, and as such, should not be regarded as "Mental Illness" in the generally accepted sense.

(c) WORK DONE UNDER THE MENTAL DEFICIENCY ACTS.

(i) The main source of ascertainment, through the School Medical and Child Welfare Services (although a few cases come to light through the Children's Courts or the general practitioner services), may break down unless medical staff qualified to examine children awaiting mental test becomes available in the Health Department. Until the staff position changes there will be a growing number of uncared-for defectives in the community, who will remain unascertained until delinquency or other misfortune brings them to notice.

The absence of an Authority-provided day school for educationally subnormal children does nothing to improve the work of ascertainment and prevention.

Bed shortage prevents admission of many defectives likely to benefit from training and with some chance of partial rehabilitation. For this reason only cases needing protection for their own sake or that of others are placed on the waiting-list which, consequently, gives no picture of actual requirements. It is, in fact, a waste of time to place "non-urgents" on the waiting-list where, like some of the "urgents," they will remain until they solve their, or our, problem by falling into Police hands or by becoming suitable to be dealt with under "Place of Safety" Order. This is a deplorable state of affairs.

It would be interesting to know whether there are any mentally afflicted persons blocking Institutional beds solely because they can porter, bake, launder, help the cook, or do housemaid, etc., work. If there are any, they should be released on trial or licence, and thus free accommodation for more urgent cases.

The appended Table gives details of cases addmitted to Institutions.

	1948	1949	1950	1951	1952
Through normal channels	1	...	6	3	1
Emergency admissions.....	3	3	2	2	10*

* Five of these cases have been on the waiting-list for periods of a few months to three years. Four of them were subject of Police Reports.

Supervision of defectives in the community is done by the Duly Authorised Officer/Mental Health Staff who, during 1952, paid visits as set out below for this, and Institutional, purpose.

TABLE 22.

Visits paid by Mental Welfare Workers to Mental Defectives.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases under supervision Voluntary and Statutory ...	155	129	284
Cases under Guardianship	6	14	20
Cases on licence	8	23	31
Home reports etc. for cases under Institutional care and on Short Licence	72	45	117
Reports on behalf of other Local Authorities	6	9	15
TOTAL VISITS	247	220	467

Tables 23 and 24 of this Appendix give particulars of cases during 1952 and of those known to the Department as on January 1st, 1953, respectively. Table 25 covers ascertainment, registration, training, etc., since the appointed day.

TABLE 23.

Mental Deficiency Acts, 1913 to 1938.

PARTICULARS OF CASES REPORTED DURING THE YEAR, 1952.

(1) Ascertainment.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Cases reported by Local Education Authorities, (Section 57, Education Act, 1944):			
(1) Under Section 57 (3).....	11	1	12
(2) Under Section 57 (5)—			
On leaving special schools.....	—	—	—
On leaving ordinary schools.....	3	2	5
(ii) By Police or Courts.....	—	—	—
(iii) Other Sources	1	3	4
<hr/>			
TOTAL ascertained defectives found to be "subject to be dealt with" during the year.....	15	6	21
<hr/>			
(iv) Other reported cases ascertained during 1952 who are not at present "subject to be dealt with"...	6	—	6
(v) Cases reported but not confirmed as defectives by 31st December.....	3	—	3
<hr/>			
TOTAL number of cases reported during the year...	24	6	30
<hr/>			

(2) Disposal of cases reported during the year.

(a) Ascertained defectives found to be "subject to be dealt with":			
(i) Placed under Statutory Supervision.....	12	5	17
(ii) Placed under Guardianship.....	—	—	—
(iii) Taken to "places of safety".....	2	1	3
(iv) Admitted to Institutions.....	1	—	1
<hr/>			
TOTAL ascertained defectives found to be "subject to be dealt with".....	12	6	18
<hr/>			
(b) Cases not at present "subject to be dealt with":			
(i) Placed under Voluntary Supervision.....	1	—	1
(ii) Action unnecessary.....	5	—	5
<hr/>			
TOTAL cases not at present "subject to be dealt with".....	6	—	6

TABLE 24.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Disposal of Cases on Authority's Registers as at 1st January, 1953 :			
(a) Of the cases ascertained to be defectives " subject to be dealt with " number—			
(i) Under Statutory Supervision (excluding eases on licence)			
Under 16 years of age.....	23	15	38
Aged 16 years and over.....	29	22	51
(ii) Under Guardianship (including eases on licence therefrom)			
Under 16 years of age.....	—	1	1
Aged 16 years and over.....	1	2	3
(iii) In " places of safety " Under 16 years of age...	3	2	5
Aged 16 years and over	3	1	4
(iv) In Institutions (including eases on licence therefrom)			
Under 16 years of age.....	10	5	15
Aged 16 years and over.....	75	61	136
(b) Of the cases not ascertained to be defectives " subject to be dealt with " number :			
(i) Under Voluntary Supervision.....	14	15	29
(ii) Action unnecessary.....	2	—	2
<hr/>			
TOTAL ascertained eases found to be " subject to be dealt with ".....	160	124	282
<hr/>			
(3) Classification of Mental Defectives in the Community on 1st January, 1953 :			
(a) (1) Cases included in item 2(a) (i) to (iii) above in urgent need of institutional care :			
(i) " cot and chair " eases : Under 16 years of age	—	1	1
(ii) ambulant low grade eases : „ „ „ „ „	3	—	3
(iii) medium grade cases	1	1	2
(iv) high grade cases	—	—	—
(2) Cases included in items 2(1) (i) to (iii) not in urgent need of institutional care :			
(i) " cot and chair " cases : Aged 16 years and over	—	1	1
(ii) ambulant low grade eases : „ „ „ „ „	1	—	1
<hr/>			
TOTAL	5	3	8
<hr/>			

Table 24.—Continued.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(b) Of the cases included in items 2(a) (i) and (ii) and 2(b) (i) above, number considered suitable for			
(i) Occupation Centre : Under 16 years of age...	9	17	26
Aged 16 years and over	1	—	1
(ii) Industrial centre : Aged 16 years and over	4	6	10
(iii) Home training : Under 16 years of age...	13	—	13
Aged 16 years and over	4	7	11
TOTAL	31	30	61
(c) Number of Mental Defectives Receiving Training :			
(i) In occupation centre : Under 16 years of age...	6	9	15
Aged 16 years and over	1	—	1
(ii) Industrial centre	—	—	—
(iii) At home : Under 16 years of age...	11	—	11
Aged 16 years and over	2	1	3
TOTAL	20	10	30
(4) Number of Mental Defectives in Institutions under Community Care including Voluntary Supervision or in " Places of Safety " on 1st January, 1952 who have ceased to be under any of these forms of care during 1952.			
(a) Ceased to be under care	—	—	—
(b) Died, removed from area, or lost sight of	3	—	3
TOTAL	3	—	3
(5) Of the Total Number of Mental Defectives known to the Local Health Authority :			
(a) Number who have given birth to children unmarried during 1952	—	—	—
(b) Number who have married during 1952	—	—	—

TABLE 25.

Mental Deficiency.

	1948	1949	1950	1951	1952
Cases ascertained and "subject to be dealt with"	14	25	25	14	21
Cases ascertained not "subject to be dealt with"	3	5	11	54	9
No. in Institution at end of year	130	131	139	143	151
No. awaiting admission to Institution	5	8	5	11	8
No. on register :					
Voluntary Supervision	15	22	29	35	29
Statutory Supervision	58	79	80	93	89
Guardianship	5	5	4	4	4
No. receiving training :					
Occupation Centre	7	14	19	16	16
(Borough cases only)					
Home Tuition	—	—	—	14	14
Visits made to homes :					
(a) Statutory and Voluntary Supervision and Guardianship	142	345	327	318	304
(b) To cases on licence	16	34	49	52	31
(c) To obtain reports on home circumstances.....	52	137	147	150	117

(ii) Little use is made of "Guardianship," as the allowances now paid by the National Assistance Board have removed the chief cause, financial, which once prompted "Guardianship."

At the end of 1952, there were 4 "Guardianship" cases (all of whom were under the care of relatives), and 118 cases under Voluntary or Statutory Supervision.

(iii) The Occupation Centre consists of two small terraced houses with internal communicating doors and, when taken over in 1948, catered for 7 borough and 9 extra-borough cases. These, as shown in the following table, have since doubled.

	1948	1949	1950	1951	1952
Borough cases	7	14	19	16	16
County cases	9	13	12	13	16
TOTALS	16	27	31	29	32

The premises (and their surroundings) are structurally poor, and without facilities for outdoor recreation. The Gladstone Street premises will receive approximately twenty additional children and afford them, the staff and trainee-Mental Health Workers good indoor and outdoor facilities.

Occupation Centre pupils are provided with mid-day meals through a local catering firm at a charge of 8d. per meal, and are met at the Boulevard (focal centre of town and district bus services) for conveyance by van to the Centre. The vehicle does the return journey in the afternoon.

A Home Teacher appointed in 1951, selected 14 cases for weekly visiting and training. The results of this service are not spectacular, but are much appreciated by parents both as evidence that something is being done for their children and also for affording them (the parents) some small respite. During the year she paid a total of 423 visits to defectives under home instruction. Home Teaching is individual but, were we able to adopt the "group system," the scope of this important service could be widely extended. Unfortunately those having instruction are scattered over the town and, were they living in the same district, the physical condition of many of them, plus lack of suitable accommodation would not permit group training.

There are, as far as I know, no industrial centres for adult defectives either in Blackburn or vicinity.

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1952-53.

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PUBLIC HEALTH DEPARTMENT,
VICTORIA STREET,
BLACKBURN.

May, 1953

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my twenty-sixth Annual Report, the 47th of the series, on the work of the School Health Service during 1952.

The only change of note during the year was an increase in the establishment of the Orthoptic Department to two Orthoptists, the second Orthoptist being expected to commence her duties in January, 1953. The Local Hospital Management Committee will use one of the Orthoptists at the Royal Infirmary Eye Department on two half days per week, and reimburse the Authority for her services.

Our inability to recruit full-time medical staff and health visitor/school nurses still remains. We are, however, fortunate in having secured the services of keen and efficient part-time medical staff. In consequence the work has not suffered.

The loyal and conscientious work of the staff, both professional and lay alike, is again worthy both of mention and of the highest praise.

It is again my privilege to thank the members of the Education Committee for the sympathetic consideration and encouragement which they have invariably afforded me.

I am,

Mr. Chairman, Ladies and Gentlemen.

Your obedient Servant,

V. T. THIERENS,

School Medical Officer.

School Clinics.

NAME	PURPOSE	WHERE HELD	TIMES
Inspection Clinic	Special Examination of Cases Referred by Teachers, School Attendance Officers and School Nurses.	Victoria Street	Wednesdays, 2 p.m.: Saturdays, 9-30 a.m.
Ophthalmic Clinic	Prescription of Spectacles	„	Mondays, 2-15 p.m. Thursday, 2-15 p.m. Fridays, 2-15 p.m.
Dental Clinic	Dental Treatment	„	Every week-day by appointment.
Minor Ailments Clinic	Treatment of Minor Diseases of Skin, etc.	„	Every week-day at 8-45 a.m.
Cleansing Station	Treatment of Scabies and Cleansing of Verminous Cases	Blakey Moor	By appointment
Physiotherapy	Treatment of Deformities. Artificial Light Treatment	Victoria Street	Every week-day (by appointment)
Diphtheria Im- munisation Clinic	Prevention of Diphtheria	„	Mondays, 3-45 p.m.
Consultant Aural Clinic	Treatment of Deafness, etc.	„	As required.
Orthoptic Clinic	Correction of Strabismus	„	By appointment.
Heart, Rheuma- tism and An- aemia Clinic	Diagnosis and supervision of Cases suffering from Rheuma- tism and Heart defects, and investigation of Anaemia	„	By appointment.

COST OF SCHOOL HEALTH SERVICE

for the year 1951-52.

I am indebted to the Acting Borough Treasurer, Mr. L. Wolstenholme for the following particulars :—

EXPENDITURE.

	£	s.	d.	£	s.	d.
Salaries : School Medical Officer (Proportion)	320	0	3			
Dentists, Nurses, etc.	8070	18	10			
Medical Officer's Staff.....	2862	1	9			
Fees.....	1718	10	9			
Travelling Expenses	95	19	9			
Printing, Stationery, etc.	247	10	11			
Drugs, Medical Requisites and Apparatus	1026	1	4			
Rents.....	158	0	0			
National Insurances—Employers' Contributions ...	188	1	5			
Fire, etc. Insurances	0	9	9			
Fuel, Light and Cleaning	159	14	9			
Upkeep of Buildings	1158	7	4			
Malt and Oil, Tonics, etc.	30	1	6			
Spectacles	50	2	4			
Miscellaneous						
				16086	0	8

INCOME.

Recovered from—			
Blackburn Executive Council, N.H.S.	469	7	6
Health Committee—Dental Sessions	384	6	0
Miscellaneous	16	7	0
			870 0 6

EXPENDITURE LESS INCOME OTHER THAN GRANT	£15,216	0	2
--	---------	---	---

The rateable value of the Borough on 31st March, 1952, was £761,865.

The cost of medical inspection and treatment of school children during the year ended 31st March, 1952, was £15,216 compared with £14,418 in the previous year.

The Government Grant was 60% of expenditure less income, leaving the nett cost of £6,086 to be borne by the rates.

The cost of the School Medical Service in 1951-52 per child on the school rolls was £1 1s. 3d. gross and 8s. 6d. nett and the cost expressed as a penny rate was 5.00d. gross and 2.00d. nett.

SCHOOL POPULATION

There are 41 Primary and 14 Secondary Schools maintained by the Education Committee in addition to 3 Direct Grant or Independent Schools in the town. There are also 2 Special Schools.

Particulars of children on the rolls at maintained schools are as follows :—

	No. on Rolls
Primary Schools.....	10576
Secondary Schools	4701
Special Schools.....	193
	<hr/>
Total	15470
	<hr/>

Section 1.

MEDICAL INSPECTION.

NUMBER OF ROUTINE INSPECTIONS, 1946 to 1952

Table 1

Code Group	1952	1951	1950	1949	1948	1947	1946
Entrants	1848	1077	1748	1652	1458	1727	1599
Intermediates	1132	1177	1246	1250	1097	1023	1065
Leavers.....	1033	995	1019	841	399	702	507
Total...	4013	3249	4013	3743	2954	3452	3171

ATTENDANCES OF PARENTS AT ROUTINE MEDICAL INSPECTIONS

Table 2

	No. Ex'd.	Parents Present	Percent Parents Attend- ances.	Boys	Girls
Entrants	1848	1648	89.1%	977	871
Intermediates	1132	220	19.4%	584	548
Leavers	1033	27	2.6%	481	552
Total	4013	1895	47.2%	2042	1971

Table 3

UNCLEANLINESS

Groups	Condition of head					Condition of Body				1951 %age clean	
	Clean	Dirty	Nits	Pedi- culi	%age clean	Clean	Dirty	Flea- bitten	%age clean	Head	Body
Entrants :—											
Boys	963	3	11	—	98.6	977	—	—	100	100	100
Girls	859	—	12	—	98.7	871	—	—	100	99.9	99.9
Intermediates :—											
Boys	571	—	11	2	97.8	578	6	—	99.0	99.0	99.1
Girls	496	1	51	—	90.5	548	—	—	100	93.6	100
Leavers :—											
Boys	481	—	—	—	100	481	—	—	100	100	100
Girls	533	—	19	—	96.6	552	—	—	100	96.1	99.9
Totals :—											
Boys	2015	3	22	2	98.7	2036	6	—	99.7	99.6	99.7
Girls	1888	1	82	—	95.8	1971	—	—	100	96.2	99.8
Combined Total	3903	4	104	2	97.3	4007	6	—	99.9	97.9	99.7

Table 4

	Percentage of Clean Heads		Percentage of Clean Bodies	
	Boys	Girls	Boys	Girls
42	99.0	81.7	99.5	98.9
43	99.6	84.5	99.8	99.0
44	99.2	83.1	99.6	99.2
45	99.2	86.1	99.1	99.4
46	98.5	86.3	98.0	99.3
47	97.8	85.8	98.9	99.2
48	98.2	85.8	99.7	99.6
49	98.7	92.4	99.9	99.9
50	98.8	93.7	99.7	99.8
51	99.6	96.2	99.7	99.8
52	98.7	95.8	99.7	100.0

Table 5

NUTRITION

	Good				Fair				Poor				Total	
	A				B				C					
	B		G		B		G		B		G		B	G
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.
Entrants ...	974	99.7	863	99.1	3	0.3	8	0.9	—	—	—	—	977	871
Intermediates	505	86.4	480	87.6	75	12.9	67	12.2	4	0.7	1	0.2	584	548
Leavers	428	88.9	474	85.9	50	10.4	76	13.7	3	0.7	2	0.4	481	552
Total ...	1907	93.4	1817	92.2	128	6.3	151	7.7	7	0.3	3	0.1	2042	1971

Table 6.

Summary of Defects found at Routine Medical Inspection.

CONDITION	ENTRANTS				INTERMEDIATES				LEAVERS				ALL GROUPS			
	M		F		M		F		M		F		M		F	
	Defects		Defects		Defects		Defects		Defects		Defects		Defects		Defects	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Nothing	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Footgear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Condition	3	0.3	8	0.9	79	13.7	68	12.3	53	10.9	78	13.4	135	6.5	154	7.7
EARLINESS :																
Head : Dirty	3	0.3	—	—	—	—	1	0.2	—	—	—	—	3	0.14	1	0.1
Nits	11	1.1	12	1.3	11	1.9	51	9.3	—	—	19	3.4	22	1.1	82	4.15
Pediculi	—	—	—	—	2	0.3	—	—	—	—	—	—	2	0.09	—	—
Body : Dirty	—	—	—	—	6	1.0	—	—	—	—	—	—	6	0.29	—	—
Flea-Bitten	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ringworm	—	—	—	—	2	0.3	—	—	—	—	—	—	2	0.09	—	—
Scabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—	—	—	—	—	1	0.2	—	—	1	0.05
Other Skin	13	1.3	12	1.3	1	0.1	1	0.2	—	—	4	0.7	14	0.67	17	0.85
NOSE AND THROAT :																
Enlarged Tonsils.....	59	6.0	41	4.7	22	3.7	23	4.1	—	—	1	0.2	81	3.94	65	3.29
Adenoids	2	0.2	1	0.1	—	—	—	—	—	—	1	0.2	2	0.09	2	0.1
Enlarged T. and A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	38	3.9	28	3.2	12	2.0	12	2.1	5	1.0	8	1.4	55	2.64	48	2.42
Ln.Glands(non T.B.)	8	0.8	9	1.0	9	1.5	9	1.6	2	0.4	2	0.3	19	0.92	20	1.01
EAR DISEASE :																
Acquaint	20	2.0	22	2.5	1	0.1	1	0.2	—	—	3	0.5	21	1.02	26	1.31
Otitis Media	2	0.2	2	0.2	1	0.1	—	—	2	0.4	3	0.5	5	0.24	5	0.25
Conjunctivitis	—	—	—	—	—	—	—	—	—	—	1	0.2	—	—	1	0.05
Corneal Opacities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Ext. Eyes	2	0.2	1	0.1	1	0.1	—	—	—	—	—	—	3	0.14	1	0.05
Effective Vision	5	0.5	1	0.1	67	11.4	65	11.8	42	8.7	61	11.0	114	5.4	127	6.35
EAR AND HEARING :																
Otitis Media	2	0.2	6	0.7	—	—	2	0.3	3	0.6	3	0.5	5	0.24	11	0.55
Hearing	1	0.1	4	0.4	4	0.6	6	1.1	—	—	1	0.2	5	0.24	11	0.55
Other	4	0.4	1	0.1	—	—	1	0.2	—	—	—	—	4	0.19	2	0.1
EAR DEAFNESS :																
Hammer	5	0.5	—	—	1	0.1	1	0.2	2	0.4	—	—	8	0.39	1	0.05
Sp	—	—	—	—	—	—	1	0.2	—	—	—	—	—	—	1	0.05
Other	4	0.4	1	0.1	—	—	—	—	—	—	—	—	4	0.19	1	0.05
PHYSIOLOGICAL :																
Development	—	—	1	0.1	—	—	—	—	—	—	—	—	—	—	1	0.05
Stability	1	0.1	—	—	—	—	—	—	—	—	—	—	1	0.04	—	—
TUBERCULOSIS :																
Pulmonary	—	—	—	—	1	0.1	2	0.3	—	—	—	—	1	0.04	2	0.1
Non-Pulmonary	1	0.1	—	—	—	—	—	—	—	—	—	—	1	0.04	—	—

Table 6 *Cont.*—Summary of Defects found at Routine Medical Inspection.

CONDITION	ENTRANTS				INTERMEDIATES				LEAVERS				ALL GROUPS			
	M		F		M		F		M		F		M		F	
	Defects		Defects		Defects		Defects		Defects		Defects		Defects		Defects	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
RICKETS :																
Slight	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Marked	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ORTHOPAEDICS :																
Spinal Curvature ...	—	—	1	0.1	1	0.1	1	0.2	—	—	—	—	1	0.04	2	0.1
Posture.....	6	0.6	7	0.8	11	1.8	12	2.1	2	0.4	7	1.2	19	0.9	26	1.3
Flat Foot	15	1.5	11	1.2	5	0.8	13	2.3	—	—	7	1.2	20	1.0	31	1.5
Other	13	1.3	10	1.1	8	1.3	7	1.2	1	0.2	5	0.9	22	1.1	22	1.1
DEVELOPMENTAL :																
Hernia	3	0.3	8	0.9	1	0.1	—	—	—	—	—	—	4	0.2	8	0.4
Undesc. Test.	17	1.7	—	—	3	0.5	—	—	—	—	—	—	20	1.0	—	—
Other	10	1.0	4	0.4	10	1.7	7	1.2	—	—	—	—	20	1.0	11	0.5
HEART :																
Organic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Functional	25	2.5	18	2.0	4	0.6	8	1.4	—	—	13	2.3	29	1.4	39	1.9
Anaemia	2	0.2	1	0.1	5	0.8	4	0.7	2	0.4	—	—	9	0.4	5	0.2
LUNGS :																
Bronchitis	36	3.6	28	3.2	9	1.5	11	2.0	4	0.8	1	0.2	49	2.3	40	2.0
Other	2	0.2	1	0.1	—	—	1	0.2	2	0.4	1	0.2	4	0.2	3	0.1
NERVOUS :																
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	—	—	1	0.1	2	0.3	1	0.2	—	—	—	—	2	0.09	2	0.1
OTHER DEFECTS	1	0.1	2	0.2	6	1.0	3	0.5	2	0.4	2	0.3	9	0.4	7	0.3
Total children examined	977		871		584		548		481		552		2042		1971	
	1848				1132				1033				4013			

Section 2.

TREATMENT.

Clinics. All the School Clinics are housed in the Health Department Victoria Street.

Inspection Clinics. The Inspection Clinic at which the Assistant School Medical Officer examines children referred for special examination by parents, teachers, school nurses, school welfare officers, or from school medical inspection, is held on Wednesday afternoons and Saturday mornings.

During the year 1,098 children paid 1,536 visits to the 97 Inspection Clinics which were held.

Minor Ailments are treated every morning at the School Clinic by an Assistant School Medical Officer assisted by two school nurses.

The appended table gives a classification of defects treated during the year, together with comparison with 1951.

Table 7.—MINOR AILMENTS

1952.

1951.

Comparison
with 1951.

Complaint	Cases	Attendances	Average number of attendances per case	Cases	Attendances	Average number of attendances per case	Attendance inc. or dec.	Cases inc. or dec.
Ringworm—Scalp	24	141	5.9	15	116	7.7	+ 25	+ 9
Body	15	131	8.7	20	225	11.2	— 94	— 5
Scabies	—	—	—	8	10	1.2	— 10	— 8
Impetigo	21	165	7.8	37	249	6.7	— 84	— 16
Other Skin Diseases	39	181	4.6	58	257	4.4	— 76	— 19
Minor Injuries	299	1435	4.8	309	1406	4.5	+ 29	— 10
Verminous Head	83	350	4.2	129	519	4.0	— 169	— 46
Otorrhoea	2	41	20.5	14	266	18.9	— 225	— 12
Other ear defect or disease	34	297	8.7	69	704	10.2	— 407	— 35
Blepharitis	43	207	4.8	21	75	3.5	+ 132	+ 22
Conjunctivitis	2	6	3.0	23	57	2.4	— 51	— 21
Other Ext'l Eye disease...	7	33	4.7	49	164	3.3	— 131	— 42
Miscellaneous	370	1816	4.9	844	1880	2.2	— 64	— 474
TOTALS	939	4803	5.1	1596	5928	3.7	— 1125	— 657

Child Guidance. During the year, sixteen Blackburn school children were treated at the Lancashire County Council Child Guidance Clinic.

Heart, Rheumatism and Anaemia Clinic. The Consultant Cardiologist attends once per month to examine children referred by the School Medical Inspectors. During the year, attendances (193) at the Clinic were satisfactory.

As described in previous reports the services of the X-ray Department at the Blackburn Royal Infirmary are available for X-ray and Electrocardiographic examinations.

The subjoined table sets out particulars of cases seen during the year.

Table 8. ATTENDANCES AT CARDIOLOGICAL CLINIC.

Diagnosis	1st Exam	Re-Exam	Exercises		Disch'g'd or left School	Still on Register	Referred for			
			Fit	Unfit			Hb	ECG	X-Ray	BSR
Rheumatism	4	4	4	—	3	1	—	—	—	—
Rheumatism	—	—	—	—	—	—	—	—	—	—
naemia	8	4	8	—	6	2	1	—	—	—
Anaemia	—	—	—	—	—	—	—	—	—	—
unctional Murmur	48	10	46	2	44	4	—	—	—	—
A.D.	12	—	12	—	12	—	—	—	—	—
Total.....	70	18	68	2	63	7	1	—	—	—

Hb : Haemoglobin Estimation. E.C.G. : Electrocardiograph.

B.S.R. : Blood Sedimentation Rate.

I am indebted to Dr. A. L. McAdam for the following analysis of cases seen by him at the Consultant Cardiological Clinic :

Extrasystoles	1	Hypochromic Anemia.....	1
Diabetes mellitus	1	Pulmonary stenosis	6
Patent atrial septum.....	1	Fallot's tetralogy	1
Patent atrial septum with congenital heart block	1	Bronchiectasis	1
Patent ventricular septum	6	Functional systolic murmur.....	19
Mitral stenosis	7	Physiological 3rd sound	3
Aortic incompetence.....	1	N.A.D.	21
Patent ductus arteriosus.....	4	Undiagnosed	2
Subaortic stenosis.....	4	Sinus Arrhythmia	2

Four children are awaiting cardiac surgery in Manchester.

A. L. McADAM.

Orthopaedic Treatment and Physiotherapy.

Table 9 sets out details of attendances at the Orthopaedic Clinic during the year :

Table 9.
ATTENDANCES AT ORTHOPAEDIC CLINIC.

	REMEDIAL EXERCISES				ELECTRICAL TREATMENT			
	School		Pre-School		School		Pre-School	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
Breathing Exercises	47	515	2	10	—	—	—	—
Slight Postural Defects	14	196	—	—	—	—	—	—
Spinal Curvature	5	47	—	—	—	—	—	—
Infantile Paralysis	2	23	1	31	2	23	1	31
Birth Injuries	—	—	—	—	—	—	—	—
Congenital Defects	9	212	5	95	6	164	1	22
Defects of the Feet	71	939	22	235	8	72	1	26
Genu Valgum	23	207	20	201	1	1	—	—
T.B. Joints	—	—	—	—	—	—	—	—
Talipes	7	53	1	81	—	—	1	81
Result of Accident	7	95	1	2	2	47	—	—
Other	13	142	3	32	9	98	—	—
TOTALS	198	2429	55	687	28	405	4	160

Ultra Violet Light Treatment. One hundred and sixteen school children underwent ultra violet light treatment and received a total of one thousand three hundred and eighty two exposures.

Cleansing Centre. One hundred and thirty-four children were referred to the Cleansing Centre for treatment of “nit” and “pediculi” infestation, whilst one thousand, one hundred and fourteen treatments were given in school making a total of one thousand two hundred and forty-eight children treated during the year.

Section 3

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. H. Yates, the Senior Dental Officer, for the following report on the work of the School Dental Service during 1952 :—

“ In submitting the School Dental Report which contains the statistical tables for 1952, I would like to draw attention to various points. Firstly, malformation of the jaws seems to be increasing and there are more cases of tooth irregularity and consequent need for Orthodontic treatment. The simpler of the irregularities can be dealt with by the School Dental staff, but they cannot undertake many cases without at the same time neglecting such routine and urgent work as extractions and fillings. Orthodontics is a special branch of Dentistry and should be supervised by a Specialist.”

“ Dental caries has increased during the last few years due perhaps, to an increasing consumption of sweets, biscuits, etc., and to a decreasing use of the toothbrush. Better dental hygiene would follow if purchase tax were removed from toothbrushes, tooth powders and the like.”

“ Our dental scheme does not cover the routine inspection and treatment of children in non-maintained schools, many of whom dealt with by the Local Authority up to the age of 11, are now excluded from routine inspection, although treatment is provided if they apply for it. The inclusion of these children in the routine scheme would necessitate the appointment of a fourth Dental Surgeon, and enable a routine inspection of all children at 11/12 monthly intervals.”

“ Might I thank the teaching staff for their help and co-operation which has materially aided the dental staff in their work.”

The appended table sets out the work done in the department during the years 1951 and 1952.

						1951	1952
						<hr/>	<hr/>
Permanent Teeth Filled	...	...	...	...	...	3097	3016
Temporary Teeth Filled	...	...	...	...	...	235	248
Root Treatments	...	...	...	...	...	26	143
Extractions	...	...	...	...	...	7614	8404
Other Operations	...	...	...	...	...	1178	1177
						<hr/>	<hr/>
						12150	12988
						<hr/>	<hr/>
General Anaesthetics	...	...	...	...	...	593	827
Percentage who refused treatment	...	...	...	...	...	9.1%	9.9%
Percentage with Dental Caries	...	...	...	...	...	49.3%	48.0%
Percentage of Appointments kept	...	...	...	...	...	92.4%	92.1%

Table 10

DENTAL TREATMENT

	Number of Half-days Devoted to Inspection	Number of Half-days Devoted to Treatment.	Total Number of Attendances made by Children at the Clinic	No. of Perma't Teeth		No. of Temp'ary Teeth		Total No. of Teeth		No. of Administrations of General Anaesthetics	No. of Administrations of Local Anaesthetics	No. of other Operations				Root Treatments	X-Ray
				Extracted	Filled	Extracted	Filled	Extractions	Fillings			Perm. Dress	Perm. Scale	Temp. Dress	Temp. Scale		
Routine	132	* 1189	7720	760	2961	5723	227	6483	3188	2712	827	647	264	5	—	143	51
Specials	—	—	1773	171	55	1750	21	1921	76	1438	—	227	12	22	—	—	—
Total	132	1189	9493	931	3016	7473	248	8404	3264	4150	827	874	276	27	—	143	51

Appointments to attend the Clinic were made to the number of		1951	1952
The number of appointments kept was		7614	8374
The number of mouths made healthy was :		7035(92.4%)	7720(92.1%)
		4257 Routines	4456 Routines
		1836 Specials	1773 Specials
		Total	Total
		6093	6229

Orthodontia Cases : 148 cases—68PX, 84TX and 45 appliances ; 24 new dentures were supplied and 4 dentures repaired.
 * Including 28 half-days with the Mobile Dental Clinic.

Table 11.
REFERRED FOR TREATMENT—AGE GROUPS

Sex	4 yrs.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs. +	Total
Boys	291	286	350	412	396	350	233	265	250	272	184	16	6	3311
Girls	269	296	334	376	397	368	309	246	291	316	196	55	15	3468
Totals	560	582	684	788	793	718	542	511	541	588	380	71	21	6779

Table 12.
TREATMENT—AGE GROUPS.

Sex	4 years	5 years		6 years		7 years		8 years		9 years		10 years		11 years		12 years		13 years		14 years		15 years		16 years +		Total	
		Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals	Routine	Casuals
Boys	168	186	169	142	218	311	100	271	84	269	79	228	66	177	34	134	30	113	29	81	29	14	5	10	4	2163	930
Girls	150	136	187	167	225	267	84	270	101	289	54	210	51	194	42	171	16	149	28	126	32	32	4	23	7	2293	843
Totals	318	322	356	309	443	578	184	541	185	558	133	438	117	371	76	305	46	262	57	207	61	46	9	33	11	4456	1773

Section 4. — FOLLOWING UP.

The parents of children found to be suffering from a physical defect are so notified either verbally or by circular-letter and are advised to secure treatment without delay. A record is kept of all such children, who are then followed up by the School Nurses to ensure that the appropriate treatment is obtained.

The following table sets out details of the work carried out by the School Nurses.

Table 13. WORK OF THE SCHOOL NURSES.

	1	2	3	4	5	6	7	8	9	10	11	12	13	Totals
VISITS TO SCHOOLS :														
1. (a) No. of Visits re Cleanliness ...	10	32	8	12	24	28	22	10	24	26	25	5	2	228
(b) No. of Visits re Infectious Disease ...	1	1	—	—	7	—	5	2	4	3	—	1	—	24
(c) No. of Visits for Other Reasons ...	18	26	14	14	14	12	11	9	11	11	9	4	—	153
Totals ...	29	59	22	26	45	40	38	21	39	40	34	10	2	405
No. of Children Inspected :														
(a) Re Cleanliness ...	3499	2916	3052	3537	2969	2296	2348	1804	3352	2080	2081	803	474	31211
(b) Re Scarlet Fever ...	20	—	—	—	59	—	—	—	49	—	—	—	—	129
(c) Re Diphtheria ...	—	—	—	—	—	—	53	172	5	37	—	13	—	550
(d) Re Other Infectious Diseases ...	—	117	—	—	153	—	164	223	130	230	45	19	—	1993
(e) Re Other Reasons ...	290	315	233	173	171	—	—	—	—	—	—	—	—	—
Totals ...	3809	3348	3285	3710	3352	2296	2565	2199	3536	2347	2126	835	474	33883
Cleanliness Inspections :														
(a) No. of Children Clean ...	3279	2707	2908	3124	2707	2183	2087	1775	2924	1886	1992	780	355	28707
(b) No. of Children with Nits or Pediculi ...	220	209	144	413	262	113	261	29	428	194	89	23	119	2504
Totals ...	3499	2916	3052	3537	2969	2296	2348	1804	3352	2080	2081	803	474	31211
HOME VISITING BY SCHOOL NURSES :														
Concerning :														
(a) Uncleanliness ...	18	4	31	78	8	13	—	—	3	9	—	—	—	164
(b) Defects found at Routine Inspections ...	13	146	71	50	10	16	16	29	82	68	83	154	9	747
Totals ...	31	150	102	128	18	29	16	29	85	77	83	154	9	911
NO. OF CLINIC SESSIONS ATTENDED :														
	9	7	2	12	—	—	4	7	10	19	369	301	49	789

Section 5

INFECTIOUS DISEASES.

All home contacts of infectious diseases are excluded from school for periods which vary according to the nature of the disease.

Information as to the incidence of non-notifiable infectious disease is obtained from teachers, welfare officers, sanitary inspectors, health visitors and parents.

The following table gives particulars of cases occurring in school children during 1952.

Table 14.

NOTIFIABLE DISEASES OCCURING IN THE SCHOOLS OF THE BOROUGH

	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken Pox	Mumps	Dysentery	Primary Pneumonia	Cerebro- Spinal Fever	Acute Polio- Myelitis
January	9	—	2	—	81	35	1	—	—	—
February	8	—	8	4	129	29	2	1	—	—
March	7	—	6	11	119	32	—	1	—	—
April	16	—	40	18	44	12	2	—	—	—
May	12	—	47	36	42	3	—	1	—	—
June	9	—	36	13	60	—	—	—	—	—
July	11	—	267	44	51	2	—	1	—	—
August	—	—	79	20	—	—	—	—	—	—
September	11	—	8	30	—	5	—	—	1	—
October	28	—	36	31	3	12	—	1	—	1
November	41	—	5	30	2	9	—	2	—	—
December	35	—	8	39	1	4	—	3	—	—
Totals ...	187	—	542	276	532	143	5	10	1	1

The incidence of Scarlet Fever increased towards the end of the year ; it was again of mild type and there were no deaths.

As has been the case since 1949, no cases of diphtheria occurred. This is a vast improvement upon the pre- and early war years.

Section 6

HANDICAPPED PUPILS.

Ascertainment. The arrangements for the ascertainment of pupils requiring special educational treatment as defined by the Handicapped Pupils and School Health Service Regulations made under the Education Act, 1944, were described in my Annual Report for 1946.

Special School Provision. There has been no change during the year in respect of local Special School provision.

The only Special Schools provided by the Authority are in respect of Delicate and Partially Sighted Pupils : reports on the year's working at these schools follow.

Partially Blind Pupils are admitted to the school for Partially Sighted Pupils in the Corporation Park. The children are selected for admission by the consultant Oculist who re-examines them twice yearly during their attendance.

At this school all close work is reduced to a minimum and the reading of ordinary school books is prohibited ; the only reading allowed is from letter press, often prepared by the children themselves, each letter being not less than 1-in. in height. Oral work occupies a large proportion of the curriculum and comprises nature study, history and geography, object lessons, description by the teacher of important current events, followed by a discussion in which the children take part.

Handicraft work is encouraged, the work being such as will develop manual dexterity without demanding close ocular attention.

Physical exercises are modelled on the Ministry's Curriculum with the proviso that exercises demanding strain and violent movement are avoided. At the end of the year, six boys and eight girls were in attendance at the School.

Delicate Pupils are dealt with at the Black-a-Moor Open-Air School. A School Nurse is in attendance at the school and the Assistant School Medical Officer visits once each week.

Fifty-two children were admitted, and fifty-seven discharged during the year, one hundred and seventy-five being in attendance at the end of 1952. The average duration of attendance of those discharged was two years four months, and the average increase in weight was 14½-lbs.

The reasons for the admission of the fifty-two new cases during the year were as follows :

Subnormal Nutrition or Debility	...	...	9
Heart condition	...	...	1
Anaemia	...	...	2
Bronchitis	...	...	17
Asthma	...	...	8
Tubercular Conditions	...	...	3
Orthopaedic	...	...	3
Other conditions	...	...	9

Pupils are selected for admission by the Assistant School Medical Officer, who re-examines them on admission to the school and at three-monthly intervals thereafter. During the year, four hundred and eighty-six such inspections were made.

Each child is supplied with milk twice a day, is provided with a hot mid-day meal and there is a daily rest period of one hour. All the children receive emulsion or extract of malt every day, whilst twenty-seven children have been treated with fersolate tablets twice a day. Fifty-two children have undergone courses of adexolin, and thirty-three iron tonic.

Children suffering from Asthma and certain cases suffering from Bronchitis received breathing exercises twice a week from one of the Health Department Physiotherapists. Twenty-seven children were also given postural exercises by the Physical Training Organiser employed by the Education Committee.

Minor ailments are treated by the School Nurse who also superintends the weekly shower bath of each child. Every child is weighed at least once a month. During the year, the Assistant School Medical Officer also attended to seventy-five minor ailments, whilst the Senior Dental Officer made two tours with the Mobile Unit for the purpose of inspection and treatment.

The School Nurse also carries out regular cleanliness inspections. During the year, thirty-six children with nits, seven with vermin, were treated with D.D.T. hair emulsion by the School Nurse.

Attendances during 1952 were satisfactory. The average attendance was 148.5, the highest weekly percentage of average attendance being 89.6 per cent.

Educationally Subnormal Pupils. At present no provision is made by the Authority for the Special Educational treatment of Educationally Subnormal children, but the committee is fully aware of the urgent need for these facilities and it is hoped that before the end of 1953 something may have been done.

At the moment, there are 7 Educationally Subnormal Pupils in Boarding Schools, 36 require places in similar schools, 44 require Special Class provision, whilst 41 children are on the register as deferred cases or are cases recommended for review after periods of one to two years. It will be noted that during 1952, owing to the shortage of medical officers, only eleven children were newly ascertained as requiring Special School provision ; seventy other children are still awaiting examination.

During the year, 17 cases were reported to the Local Authority for the purposes of the Mental Deficiency Acts, under Section 57 of the Education Act, 1944.

**Handicapped Pupils requiring Education in Special Schools
at the end of the year.**

	Newly placed in Special Schools	Newly ascertained	Attending Special Schools		Being educated under Section 56	Requiring places in Special Schools
			Day	Boarding		
Blind	—	—	—	5	—	—
Partially Sighted	—	—	14	—	—	—
Deaf	2	1	—	8	—	—
Partially Deaf	1	—	—	2	—	—
Delicate.....	51	57	179	1	—	7
Physically Handicapped ...	—	2	—	1	—	2
Educationally Subnormal ...	4	11	—	7	—	36
Maladjusted	3	—	—	9	—	—
Epileptic	—	—	—	1	—	1
TOTAL	61	71	193	34	—	46

Analysis of Special Schools to which Blackburn Children have been admitted :

At the end of the year, 228 children (111 boys and 117 girls) were in special schools as follows :

Blind Pupils				Boys		Girls	
Henshaw's, Old Trafford, Manchester	...	...	...	1	...	2	...
School for the Blind, Fulwood, Preston	...	...	...	1	...	—	...
School for the Blind, Liverpool	...	...	...	—	...	1	...
Partially Sighted Pupils							
Class for Partially-Sighted, Corporation Park, Blackburn	...	...	...	6	...	8	...
Deaf Pupils							
Royal Cross School for the Deaf, Preston	...	...	...	4	...	2	...
St. John's, Boston Spa	...	...	...	2	...	—	...
Partially Deaf Pupils							
School for the Partially Deaf, Liverpool	...	...	...	—	...	2	...
Delicate Pupils							
St. Catherine's, Ventnor, Isle of Wight	...	...	...	1	...	—	...
Black-a-Moor Open Air School	...	...	...	85	...	94	...
Educationally Subnormal Pupils							
Pontville Special School, Ormskirk	...	...	...	2	...	—	...
All Souls, Hillingden	...	...	...	—	...	1	...
Beacon School, Lichfield...	...	...	...	1	...	—	...
Allerton Priory, Liverpool	...	...	...	—	...	1	...
Widdicombe House, Stokenham, S. Devon	...	...	...	1	...	—	...
St. Francis, Monyhull, Birmingham	...	...	...	1	...	—	...
Epileptic Pupils							
Soss Moss, nr. Manchester	...	...	...	—	...	1	...
Maladjusted Pupils							
Red Hill, East Sutton	...	...	...	1	...	—	...
St. Thomas More's, East Allington	...	...	...	1	...	—	...
St. Catherine's, Almondsbury, nr. Bristol	...	...	...	1	...	—	...
Byland's, Basingstoke	...	...	...	—	...	1	...
St. Michael's Home, Bussage, Gloucester	...	...	...	1	...	—	...
St. Michael's, St. Leonards-on-Sea	...	...	...	1	...	—	...
St. Luke's, Balham, London	...	...	...	—	...	1	...
Ledston Hall, Allerton Bywater, Leeds	...	...	...	1	...	—	...
St. Peter's, Horbury, Yorks.	...	...	...	—	...	1	...
Physically Handicapped							
Bethesda Home, Manchester	...	...	...	—	...	1	...
Biddulph Hospital School	...	...	...	—	...	1	...
TOTALS				111	...	117	...

Section 7

MISCELLANEOUS.

Co-operation. Teachers, parents and School Welfare Officers have fully co-operated in the work of the School Medical Department. To them my thanks are expressed.

The National Society for the Prevention of Cruelty to Children. Fifteen cases were reported to the Society by officials of the School Health Service affecting thirty-eight children. One case in which two children were involved, was brought before the Juvenile Court as being in need of care and protection. All the other cases responded to advice or warning.

Licensing of Children for Entertainments during 1952.

Forty-eight children, licenced to perform on tour, appeared at local theatres. Their lodgings, dressing room accommodation, licences and school records were all examined by the School Welfare Officers.

Employment of Children and Young Persons. Assistant Medical Officers examined 1,033 children for employment during 1952.

372 children (338 boys and 34 girls) were newly licensed (after a special medical examination) for employment out of school hours. In 7 cases certificates were refused on account of the children being medically unfit.

Deaths of School Children, 1952.

Acute Leukaemia	...	...	...	...	1
Cerebral Tumour	...	...	...	...	1
Accidents ..	...	...	...	...	2
Other Diseases	...	...	...	...	1

Nursery Classes. There are 32 Nursery Classes in the Borough for the accommodation of children between the ages of 3 and 5 years. Inspection findings of children in attendance at these classes are incorporated in the "Entrant group" of routine medical inspection.

The number of children on the rolls at the end of the year was 1,251.

The School Nurses visit each Nursery Class at frequent regular intervals.

Physical Education. I am indebted to the Director of Education for the following report on physical education in the schools.

"Although steady progress has been made throughout the year, it is apparent that cuts in expenditure and rising costs are considerably reducing the purchase of new equipment and necessary replacements. However, it is pleasing to note that owing to the enthusiasm of teachers and their willingness to work under difficulties, most schools are more "physical education conscious" than ever before. An indication of the high standard reached in physical education was given by the first-class P.T. displays at our Secondary School Speech Days.

In view of the success and popularity of the outdoor gymnasium at Longshaw Primary School and the nation-wide interest in this project, similar outdoor apparatus has been installed at the new St. Mary's R.C. Infants' School.

Interest in Athletics was maintained and stimulated by a Three-Day Course for Teachers at Barton Street Gymnasium and Pleckgate Playing Fields. The Course was conducted by the Chief National A.A.A. Coach and the success of the Course was indicated by the unusually good attendances throughout. As a direct result of this we now have five Honorary A.A.A. Coaches amongst Blackburn Teachers.

Our local netball, football and athletics competitions were well organised and high standards maintained. Blackburn Schoolboys (under 15) Football Team reached the last eight in the Lancashire Schools Competition and the last sixteen of the English Schools' Shield. This was an outstanding achievement in view of the stiff competition from cities like Liverpool, Manchester, Birmingham, etc.

A new Group Coaching Scheme for Cricket was launched at Barton Street gymnasium during February. The opening lecture and film show was attended by some 300 enthusiasts. This was followed on successive Wednesdays by an eight-session course in the fundamentals of group coaching. Eighteen specially selected candidates attended this series and results of their training should be apparent in the next year or so.

Evening classes in physical and recreational training at the Harrison Gymnasium and Barton Street Gymnasium have had better average attendances than in previous years; classes in Fencing, Football Coaching and Basket Ball have now been introduced at the former.

Barton Street Gymnasium has proved an excellent centre for courses and lectures because of its central position. It is used to capacity during the day by the Technical High School and Blakey Moor Boys' Secondary School."

“ Although we have grown to expect Blackburn Schools to obtain outstanding results in the Royal Life Saving Examinations, this year has certainly proved an exceptional one. Blackburn Schools were placed second in the whole of England and Bangor Street Boys’ Secondary School was awarded the only two trophies given to Schools in North-East Lancashire.

Royal Life Saving Awards.

Elementary Certificate	234
Intermediate Certificate.....	182
Scholar Instructor Certificate	15
Bronze Medallion	129
Instructor Certificate.....	2
Bronze Cross	44
Total Awards	606

The attendances at the respective Swimming Baths of school children receiving swimming instruction are as follows :—

	Weekly Average	Total Number Attending for Swimming Instruction
Blakey Moor (Girls)	1165	3378
Belper Street (Boys)	1067	23478
Freckleton Street (Boys)	1035	22772

In addition to several secondary schools holding their own swimming galas, a very successful inter-schools swimming gala was held at Belper Street Swimming Baths. The general interest and enthusiasm for swimming has shown a marked increase and several of our boys and girls were selected to swim for the Lancashire County Team.”

Milk Supplied in Schools. During the year, 2,443,127 bottles (each bottle containing $\frac{1}{2}$ pint) were supplied to children free of charge, including 59,260 bottles to children attending Blackamoor Open Air School.

School Meals Service.

Meals supplied to children during the year :—

Meals supplied free (necessitous cases)	92,019
Meals supplied for payment	1,451,505
Cottage Homes	5,017
Intack Nursery	5,789
Queen Elizabeth's Grammar School	14,157
<hr/>	
Total meals supplied, free and paid	1,568,487
<hr/>	

	<i>Free</i>		<i>Paid</i>		<i>Total</i>
Daily average of meals					
during term ...	444	...	7,396	...	7,840
during holidays	79	...	28	...	107

Table 15.

Heights and Weights 1952

Year of Birth of Groups Examined	BOYS			GIRLS		
	No. Examined	Average Height in Inches	Average Weight in Pounds	No. Examined	Average Height in Inches	Average Weight in Pounds
1937	173	61 $\frac{3}{4}$	106	77	61 $\frac{1}{4}$	115 $\frac{1}{2}$
1940	167	56	75	154	54 $\frac{1}{4}$	76
1941	384	53 $\frac{3}{4}$	71	314	53 $\frac{1}{4}$	78 $\frac{1}{4}$
1945	19	46	48	13	47	54 $\frac{3}{4}$
1946	139	45 $\frac{1}{2}$	44	128	46 $\frac{3}{4}$	43 $\frac{3}{4}$
1947	437	44 $\frac{3}{4}$	42	391	42	40 $\frac{3}{4}$
1948	279	40	38 $\frac{3}{4}$	219	40 $\frac{1}{4}$	38
1949	40	38 $\frac{1}{2}$	36 $\frac{1}{2}$	34	40 $\frac{1}{4}$	33

MINISTRY OF EDUCATION. MEDICAL INSPECTION RETURNS.
YEAR ENDED 31st DECEMBER 1952

Table 16.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:

Entrants	...	...	...	...	1848
Second Age Group	...	...	...	...	1132
Third Age Group	...	...	...	...	892
Total	...	...	...	...	3872

Number of Periodic Inspections 141

Grand Total 4013

B.—OTHER INSPECTIONS

Number of Special Inspections 2743

Number of Re-Inspections 4019

Total 6762

C.—PUPILS FOUND TO REQUIRE TREATMENT

*Number of Individual Pupils found at Periodic Medical Inspection to
Require Treatment (excluding Dental Diseases and Infestation with Vermin).*

Group	For defective vision (ox'd'ng squint)	For any of the other conditions recorded in Table 17A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	6	124	118
Second Age Group	88	97	174
Third Age Group	71	51	121
Total (prescribed groups)	165	272	413
Other Periodic Inspections ...	15	9	22
Grand Total	180	281	435

Table 17.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4.	Skin	3	27	2	—
5.	Eyes —a. Vision ...	180	61	81	9
	b. Squint ...	34	13	36	2
	c. Other ...	3	12	8	—
6.	Ears —a. Hearing ...	12	4	10	—
	b. Otitis Media	10	6	6	—
	c. Other ...	2	4	3	—
7.	Nose or Throat	89	201	162	9
8.	Speech	12	6	12	—
9.	Cervical Glands	2	35	8	—
10.	Heart and Circulation	52	30	10	—
11.	Lungs	20	79	42	1
12.	Developmental—				
	a. Hernia ...	2	10	—	—
	b. Other ...	1	50	1	—
13.	Orthopaedic—				
	a. Posture ...	23	22	5	—
	b. Flat Foot	28	23	13	—
	c. Other... ..	12	36	22	1
14.	Nervous System—				
	a. Epilepsy ...	—	—	—	1
	b. Other ...	—	4	11	—
15.	Psychological—				
	a. Development	—	1	1	—
	b. Stability ...	1	—	2	—
16.	Other	9	10	49	—

Table 18.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table 20)

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm— (i) Scalp	24	—
(ii) Body	15	—
Scabies	—	—
Impetigo	21	—
Other skin diseases	39	—
Total ...	99	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	52	13 Hospital
Errors of Refraction (including squint)	1040	47 In-patients
Total ...	1092	60
Number of pupils for whom spectacles were		
(a) Prescribed	959*	...
(b) Obtained	860*	...

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	51
(b) for adenoids and chronic tonsillitis	—	418
(c) for other nose and throat conditions	—	18
Received other forms of treatment ...	36	194
Total ...	36	681

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	25	
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	By the Authority	Otherwise
	226	—

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	16

GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	20	—

GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	939	—
(b) Other (specify)		
1. Orthoptics	280*	—
2. Sunlight	116	—
Total ...	1335	—

* In addition, 164 Lancashire County Council cases were dealt with during the year.

(8) Number of Teeth Filled :	Permanent Teeth	...	...	...	...	2806
	Temporary Teeth	...	...	...	...	241
Total						3047
(9) Extractions :	Permanent Teeth	...	...	...	...	931
	Temporary Teeth	...	...	...	...	7473
Total						8404
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	827
(11) Other Operations :	(a) Permanent Teeth	...	...	...	...	1150
	(b) Temporary Teeth	...	...	...	...	27
Total (a) and (b)						1177

Table 20.

INFESTATION WITH VERMIN.

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	...	...	...	...	...	...	31211
(ii) Total number of <i>individual</i> pupils found to be infested...	...	...	...	...	...	...	2270
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)...	...	...	...	...	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)...	—

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